

WHAT IS AIDS?
WHO GETS AIDS?
HOW IS IT SPREAD?
WHAT ARE SOME
OF THE SIGNS &
SYMPTOMS OF AIDS?
WHO IS AT RISK?
WHAT IS IT?

FACTS & FEELINGS ABOUT AIDS

LEARNING ABOUT AIDS IN AFRICA
A GUIDE FOR COMMUNITY TRAINERS


COMMUNITY HEALTH CELL

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INTRODUCTION TO SERIES

This series of books has been developed for Christian health trainers and pastors in Africa. The goal of these books is to help pastors and health workers give AIDS education, and to counsel people affected by AIDS. There are three manuals, or parts, to this series:

Facts and Feelings About AIDS

AIDS in Your Community

Helpers for a Healing Community: A Pastoral Counselling Manual for AIDS

The three books were developed as a series, but each one addresses a different aspect of AIDS education or counselling. You can choose to use the books one by one, or to use the entire series, depending on your training needs and objectives. The books can be used in any order although **Facts and Feelings About AIDS** contains basic background information on AIDS. You may also want to add books on other topics of concern.

Training Uses of the Manuals

The AIDS manuals can be used to train small groups in the community, church or clinic setting. Each manual is structured so that the group can work independently during much of the training. A supervisor helps coordinate the training sessions. The supervisor can also assist with questions, problems, or follow-up actions that are outcomes of the training sessions. An individual trainee can work alone with the manual, but it is particularly helpful for a trainee to work with a few others because of the need to share feelings as well as learn facts and to obtain support. This training method -- interactive -- saves time and the expense of large group training sessions that often take place away from the clinic. The method also allows a trainee to work at his or her own pace. Trainees will need at least an hour for each lesson in a manual, but for Lesson Two they may need more time. They will also need a place to meet that is fairly free from interruption.

Group Training

The AIDS manuals can also be used by trainers in large group training sessions. Each manual contains well-organized, carefully structured, information and activities. This can help trainers structure their training sessions. Many of the activities can be used with the large group, but the activities can be more effective, and there may be greater participation and involvement, if the large group is broken down into small groups.

Core or Supplementary Materials

The AIDS manuals teach basic information and problem solving skills and can be used in pre-service, in-service or refresher training depending on the needs of the training programme. The manuals can be used as supplementary material in an existing training programme or as the core for developing a new training programme.



HOW TO USE THIS MANUAL

This manual is based on a training method called **interactive learning**. That means you will learn the information and ideas in groups. There will not be a supervisor working with you. If there are several health workers in your clinic or outreach community programme, it will be helpful if all of you work together on the lessons in the manual. This will give you a chance to discuss your ideas and problems. If you work together, you will be able to work out common plans for an AIDS education programme for your clinic or outreach community programme.

There are three lessons and a number of objectives. A lesson should take you and your group about one hour to complete. Do not worry if the lessons take longer to complete. Work at your own speed. That is one of the advantages of interactive learning. The lessons in this manual do not contain a lot of information for you to memorize. Instead, you will be asked to think about and talk about ideas. You will also be asked to apply what you learn to your work in the clinic or outreach community programme.

What is in a lesson?

Introduction:

Each lesson has an introduction which tells you briefly what the lesson is about.

Content:

In each lesson there will be some information for you to read and think about. The content may be a story about people with health problems or worries. The content may also be medical information.

Activity:

Following the content, there will be an activity for you to do. The activity is based on the content. Each activity will give you a chance to discuss your ideas and reactions. The activity should help you think about and apply what you have learned. There will be an activity sheet for you to write down your ideas and answers.

Comments on the Activity:

After each activity sheet, there will be comments. These comments will explain the general ideas or points you should have covered in the activity. You can use these comments to check your progress in the lesson.

Summary of the Lesson:

At the end of each lesson, there will be a brief summary of the main ideas presented in the lesson.

Notes for the Supervisor:

The last page of each lesson is labeled "Notes for the Supervisor." This page is for you to record any questions, ideas or problems that you may find as you go through the lesson. Discuss these notes with the supervisor who is coordinating the training.

Glossary:

There is a glossary of terms at the end of the manual. It contains short definitions of some of the medical terms used in the lessons.

What are some ways for small groups to use this manual?

Working in groups gives a chance to talk about your ideas and listen to the ideas of others. This give-and-take discussion is what makes you an active learner. Also, if you work as a group in your clinic or outreach community programme, you will need group plans and solutions. Here are some suggestions for how a small group of two or three can use this manual.

1. Do one lesson at a time. Pick a time that is good for everyone in the group. Allow at least one hour for each lesson.
2. Take turns reading the lesson out loud. If one person in the group is a very good reader, you may want to ask that person to do a lot of the reading.
3. When doing activities, make sure each person in the group has a chance to give ideas.

4. Take turns writing down the ideas of the group on the activity sheet.
5. Make sure that each person in the group participates equally. Avoid making one person in the group the "teacher" that you look to for ideas and answers.
6. Work on the whole lesson and the activities together. Do not divide up the activities or lessons just to finish.
7. Listen to the ideas of each person in the group even if you do not agree with them. Try to understand their way of thinking. Be willing to discuss any idea.
8. Work together. There is no contest to see who gets the best answer. The goal is for the whole group to do well.
9. Try to bring discussions to an end if you find your group is spending too much time on each activity or problem. Setting a time limit for each discussion or question may help.

Note: Take ten or fifteen minutes now and make a plan with your group about how to do the lessons. When you have made a plan, read the introduction to this manual together. Begin Lesson One when you have an hour to work on it.

INTRODUCTION TO MANUAL

Facts and Feelings About AIDS

AIDS is a new disease in the community. This disease, which is spread by a virus, is found in many countries around the world. The virus which causes AIDS is called the **Human Immune Deficiency Virus (HIV)**. In this manual, we shall call it the AIDS virus to make it easier for the readers. The AIDS virus is found mostly in blood, semen, and vaginal fluids. AIDS is usually passed sexually from one person to another. The virus can also enter the body in four other ways: through a transfusion with infected blood, through an infected mother to her unborn child, through breast milk, and through infected blood in or on needles, syringes or other instruments.

In this manual, we use the words "HIV infection" to talk about somebody who is infected with the AIDS virus, but is not yet sick. Everyone who is "HIV infected" will become sick with AIDS some day.

At present, there is no vaccine to protect people against HIV infection. There is also no medicine that will cure AIDS although there are drugs that can help some of the diseases linked with AIDS. But AIDS is a preventable disease. It can be prevented if people know which behaviours could cause them to get the AIDS virus, and if they change these behaviours.

Education about AIDS and supportive health services are the only ways we have right now to help people prevent the spread of HIV. As a health trainer, you may know that giving general health messages is not enough to change a person's beliefs and actions. To make a health message personal and effective, you need to know what a person's needs and concerns are about health in general and about AIDS. You also need to know the problems a person faces as he or she tries to make changes.

As a first step to becoming a trainer about AIDS, it will help if you look at your own feelings about AIDS. Next, you can learn or review some basic medical facts about AIDS. This manual will help you with these two tasks.

There are three lessons in this manual. These lessons will give you a chance to think about and discuss what you know and believe about AIDS. You will also have a chance to discuss your worries and concerns about the disease. You will be able to add to what you already know about HIV and AIDS, and you may be able to correct any wrong ideas you may have heard about AIDS. Although this manual may not give you all of the information you want and need to know about AIDS, it should give you a good start.

The lessons in these manual are based on situations that may appear familiar or strange to your community. You can lead the community in acting out and discussing the lessons. If the stories do not fit your community, change them.

After you finish this manual, you will be able to answer these questions:

- * How can you use facts about AIDS?
- * Is AIDS everybody's problem?
- * What is AIDS and what is HIV?
- * What are the symptoms of AIDS?
- * What actions put people at risk of getting AIDS?
- * How is the AIDS virus (HIV) spread?
- * How is the AIDS virus (HIV) not spread?
- * Is there a test for the AIDS virus?
- * How can the spread of the AIDS virus be prevented?
- * What do people want to know about AIDS?

The answers to these questions should help you as a health trainer. They should help you to listen and understand what people in your community want and need to know about AIDS.

There are three lessons based on these three questions:

1. What are your thoughts and worries about AIDS?
2. What do you know, and what do you need to know about AIDS?
3. How can you use what you have learned about AIDS?

The activities in the lessons will give you a chance to find your answers to these questions. Each lesson will take about one hour to complete.

ISSUES FOR CHRISTIAN LEADERS

In this manual, you will find some pages entitled "ISSUES FOR CHRISTIAN LEADERS." In these sections, we discuss issues regarding AIDS from an explicitly Christian perspective. Here is why we have done it.

Most of the people in Africa who use this manual will be Christians. The church-related health programmes in Africa were designed from the outset as the primary target audience for these manuals.

In the course of putting together the manuals, however, we recognized that AIDS is a problem which faces all Africans, not just Christians. We have, therefore, isolated these explicitly Christian discussions in these special sections. **The lessons in the First two manuals can be used by teachers from any religious belief.**

AIDS, however, is also a moral and spiritual issue. We cannot ignore the importance of values and belief, so we have presented a discussion of them from a Christian perspective. In our field testing, we were explicitly asked by participants to address these issues. People of other faiths, including Islam and traditional African religions, will ask many of the questions. We hope that raising these questions will challenge you to find answers.

The discussion of these issues is meant to raise questions. We acknowledge that there is a wide range of opinion on these issues even within the Christian community in Africa.

The content of "Issues for Christian Leaders" should not be regarded as the position of the donor agencies or of control programmes in any particular country.

You certainly do not have to agree with the positions suggested by "Issues for Christian Leaders." We expect most, if not all, readers to disagree with something written there -- sometimes quite strongly.

IT IS IMPORTANT THAT YOU DECIDE HOW TO ADDRESS THESE SAME ISSUES FROM YOUR OWN RELIGIOUS, MORAL, AND SPIRITUAL PERSPECTIVE.

Objectives

After finishing this manual, the learner will be able to:

1. identify, understand, and handle feelings and attitudes about AIDS in the community;
2. perform interactive training sessions on AIDS in the community;
3. bring factual information about AIDS in an understandable way to the community;
4. explain to the community that the "healthy-feeling" carrier of HIV is more likely to spread the disease than is the AIDS patient;
5. explain to the community the relationship between HIV and sexual/social/cultural and spiritual behaviour;
6. counsel AIDS patients on how to live positively with their disease;
7. understand the Christian perspective on prevention and care of HIV/AIDS.

LESSON ONE

Introduction to the Lesson

As a health trainer, you need to understand what other people are thinking and feeling about AIDS. This will help you know what information people want and what information will be helpful to them. Likewise, you need to know your own thoughts and feelings about AIDS before you learn or review the medical "facts" about AIDS. This will help you know what you need to learn about AIDS. The story below gives you one example of what people are thinking about AIDS. If you already know what people in your community are saying and feeling about AIDS, make up your own story. In another lesson, you can find out what different groups in your community are thinking and feeling about AIDS.

Objectives

After finishing this lesson, the learner will be able to:

1. identify, understand, and handle feelings and attitudes about AIDS in the community;
2. identify persons or groups at risk of AIDS in the community.

Part A

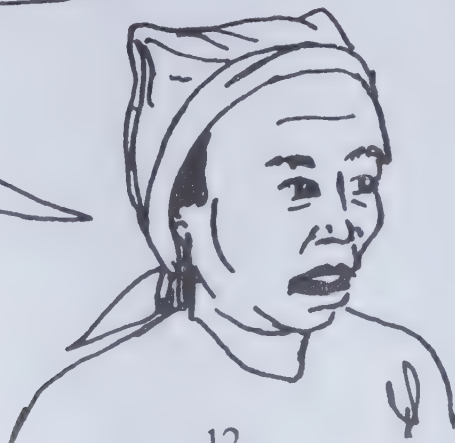
Here's a story about three women, Tabitha, Mary and Rhoda who meet one afternoon at the market. The sun is hot, and chickens are squawking in their cages. Everyone is busy bargaining from one seller to the next. The three women grew up together, and when they meet, they stop and talk about their village and family life.

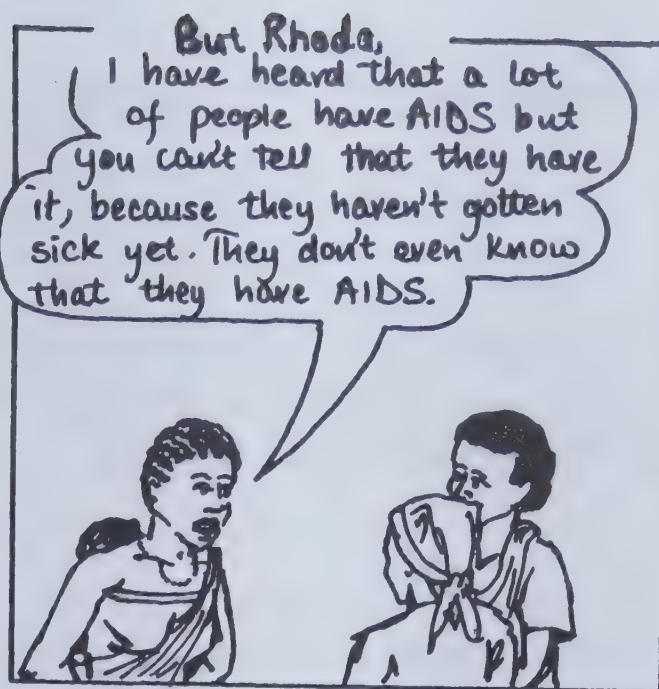
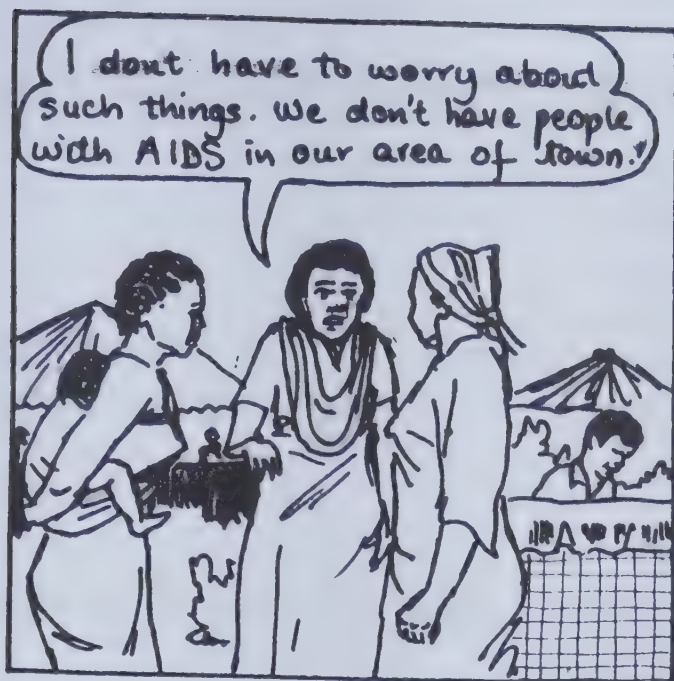
Mary, I'm really worried. A man on my street, Mathew, is dying of that disease AIDS.

Why are you worried, Tabitha? Do you know his family well?



No, but his children play with my children and I'm afraid they will get it. I want to keep them away from his house, but I don't want to be unkind.





All three of these women know something about AIDS. They all have ideas about the disease, and they have worries. It does not matter if they are "right" or "wrong" in their worries. It is what they feel now, and that affects how they act.

Note: On the next page, there are some questions about the story for you to think about and discuss. Turn the page to begin the activity.

*****ACTIVITY*****

Women's Thoughts and Concerns about AIDS

Directions: Below there are two questions about the story you just read. Write your answers and comments in the space after each question. Take a few minutes to discuss and answer the questions.

Question 1: There are three women in the story you read. What are each of the three women thinking and feeling about AIDS?

Tabitha:

Mary:

Rhoda:

Question 2: What do you think and feel about AIDS?
Do you have worries like these three women?
List at least five of your thoughts and feelings.
Your feelings can be things you have heard and
wondered about AIDS, or they can be fears or things
that concern you about the disease.

Note: Turn to the next page when you have finished this activity. Read the "answers"
or comments on the questions in the activity.

Comments on the Activity

Question 1: Here is a brief summary of some of the feelings of the three women in the story. See if these feelings are ones which you or your group discussed.

Tabitha is worried about AIDS. Some of her fears come from not knowing how AIDS is spread. She does not want to be unkind to the sick man or his family, but she does not know what to do. She is also worried that the wife and children of this man will suffer when he dies.

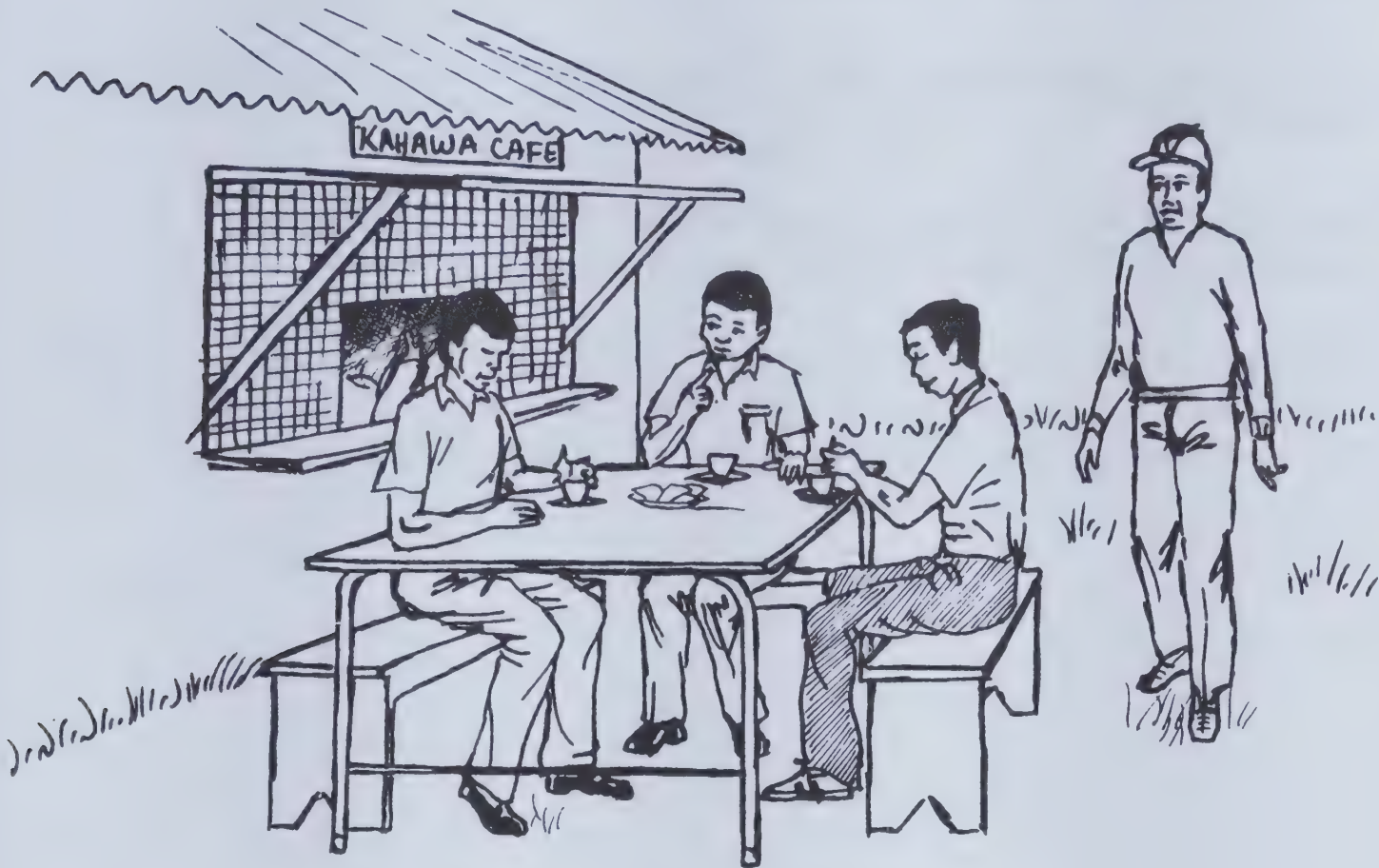
Mary probably has a lot of questions about AIDS. She talks and wonders about what she has "heard." She is concerned about AIDS because she has heard that you can not tell who has the disease and who does not have it.

Rhoda may be afraid of the disease, but she has decided that AIDS is not her problem. She thinks that if she does not think about AIDS, it will not affect her.

Question 2: There are no right or wrong answers to the second question in the activity. The point is to get your feelings and concerns out in the open. Information in this manual may help you find responses to your concerns and the concerns of your clients. You may find that some of your own concerns can be eased.

Part B

Three men, John, George and James are sitting at the cafe taking tea. All three men are carpenters but they work in different parts of the city. They often meet at the cafe after work. They like to talk and exchange stories. On this day, they are talking about AIDS. During the conversation, they were joined by another friend, Gray, who is a book seller.



George: How did he get AIDS? Hold on, here comes Gray. Brother, sit down and have a drink. One of John's friends has AIDS.

John: He said he got it from a blood transfusion they gave him in the hospital. But I think he got it from that woman he goes out with.

James: You can't get AIDS in a hospital. That is impossible. Today the blood is tested before being given to anybody.

Gray: Who are you talking about?

John: We are talking about one of our co-workers who has AIDS. He should have protected himself with that woman. Now it's too late. He should have known she had AIDS. He doesn't have to bother with condoms now!

George: I play it safe. I only go with women who look healthy. I won't get AIDS.

Gray: Why are you talking about condoms and playing it safe? The right answer is zero-grazing.

James: Impossible! I'm going to get an injection against AIDS. I don't want to take chances, and I don't want to have to use condoms all the time.

Gray: I know it may sound impossible but nothing is impossible with God. Why don't you come to our men's meeting next Sunday at church? A doctor is going to talk to us about AIDS, and he will answer our questions. too.

Note: On the next page, there are some questions for you to think about and discuss. Turn the page to begin the activity.

*****ACTIVITY*****

Men's Thoughts and Concerns about AIDS

Directions: Below there are two questions about the story you just read. Write your answers and comments in the space after each question. Take a few minutes to do this activity.

Question 1: What are these four men thinking about AIDS? What are their concerns? (List at least one concern for each man).

John:

George:

James:

Gray:

Question 2: What would you tell this group of men about AIDS? Base your answers on their concerns and questions.

Comments on the Activity

Here are the main points that should be in your answers. Your answers do not have to be exactly like the ones below, but they should include the main points.

Question 1: Thoughts and Concerns about AIDS

All four men are concerned about AIDS and how it is spread.

John thinks he can get AIDS from working in the job with a person who has AIDS. He also thinks that people with AIDS do not have to use condoms because it is too late.

George thinks he can not get AIDS from a woman if she is healthy looking.

James thinks that people can not get AIDS in the hospital. He also thinks that he can get an injection to protect him against AIDS.

Gray thinks the right way is keeping to one faithful partner. He also believes in God's saving power (John 3:16).

Question 2: Main points to include in what you tell these men:

1. **How AIDS is spread:** HIV, the virus that causes AIDS', is mainly spread through sexual intercourse and through blood exchange. A person can get HIV from a blood transfusion if the blood has not been checked, and if it has come from a person who has HIV
2. **How AIDS is not spread:** A person can not get HIV from casual contact like working with a person with AIDS or living in the same house with that person.
3. **Symptoms of AIDS:** A person i-nay be infected with HIV and show no symptoms for years. The person may look and feel healthy, but he or she can still infect others with the virus.
4. **How to prevent AIDS:** There is no vaccine to protect a person from HIV infection.
 - (a) Avoiding sex before marriage and being faithful to one's marriage partner are the best ways to prevent HIV infection.
 - (b) During sexual intercourse, condoms may keep a person from getting HIV if he or she is not infected and condoms may keep a person from spreading HIV if he or she is infected.

- (c) The three men who are carpenters, have a high risk of getting cuts on the job. Cuts should be washed carefully and covered with a plaster. Any blood spill should be cleaned up and anyone touching the blood should wash hands immediately with soap and water.

You might not yet know about all the things you can tell people like these carpenters about AIDS. The next lesson will help you learn the facts you need to know.

Summary of Lesson One

Almost everyone has heard something about the disease called AIDS. We know that people are dying from this disease, and we know that it is spreading. Some of us may know people in the community who have died or are dying of AIDS.

In Africa, most people do not want others to know that a relative died of AIDS. They will say their relative died after being sick a long time or make up another reason. You probably know somebody now who has the AIDS virus.

Several years ago we had not even heard of the disease. Doctors and researchers are finding out new information every day about this disease. All of us may have questions and concerns about AIDS. In this lesson you began to voice your concerns and questions and you listened to others do the same. That is the starting point for becoming learners and teachers.

Note: This is almost the end of Lesson One.
On the next page, write down any questions
or ideas that you have for your supervisor based on this lesson.

Note to Trainers:

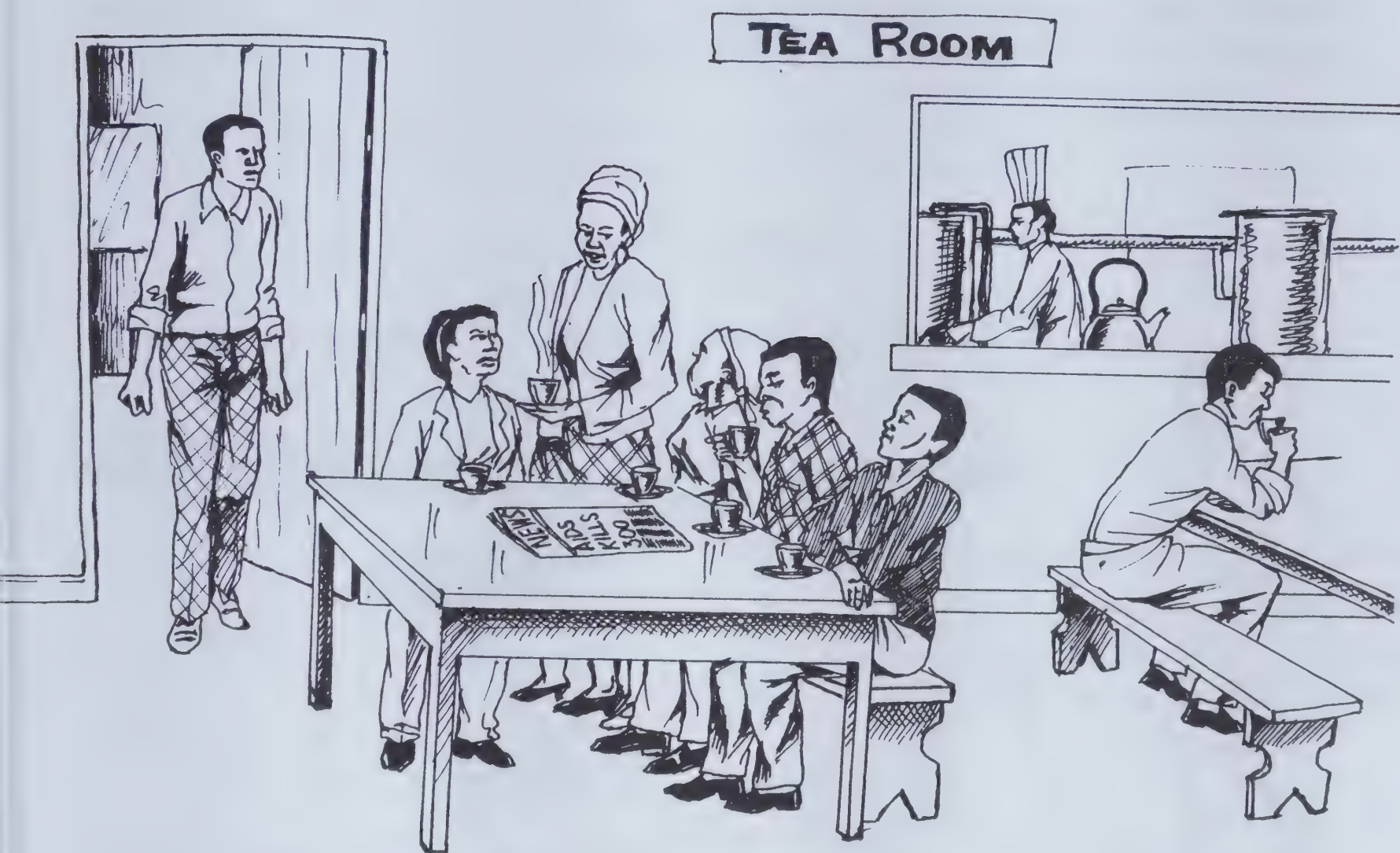
You can use these stories (or act them out in a drama)
to start a discussion about AIDS with villagers or CHWS.
As you think about how to tell the stories in your own language,
make changes. Also write down questions you will ask, after the story, to
get people to talk about their own feelings about AIDS.

Notes for the Supervisor

Directions: Write down any notes for your supervisor.
These notes can be questions on the lesson that were not answered your
notes can be on any problems you had with the lesson.
They can also be ideas you have that you want to discuss.

Note: This is the end of Lesson One.
Turn the page to begin Lesson Two when you are ready.

LESSON TWO
FACTS ABOUT AIDS



Introduction to the Lesson

This lesson contains a lot of medical facts about AIDS and about the Human Immune Deficiency Virus (HIV), the virus that causes AIDS. You will learn what AIDS is, how HIV is spread, and how it is not spread. You will learn the symptoms of the disease, and you will learn how to prevent the spread of AIDS. Hopefully, these facts will help to answer many of the questions that you have about AIDS. This lesson will be about your questions and about finding answers to your questions.

For some of you, this medical information will be new. For others, the information will be a review. The information should help you answer some of your questions and the questions of people in the community. Before you learn or review the "facts" about AIDS, you will have a chance to list your own questions about AIDS. The "facts" in this lesson are ones which researchers and doctors know about AIDS and HIV. AIDS is a new disease. We can expect more and new information about HIV and AIDS in the future.



Objectives

After finishing this lesson, the learner will be able to:

1. perform interactive training sessions on AIDS in the community;
2. bring factual information about AIDS in an understandable way to the community;
3. explain to the community that the HIV infected person who is feeling healthy is more likely to spread the disease than is the AIDS patient;
4. explain to the community the relationship between HIV and sexual/social/cultural behaviour.

Note: God calls us out of slavery into freedom (John 8:32).
"You will know the truth, and the truth will set you free."

On the next page there is an activity for you to do. Turn the page to begin the activity.

*****ACTIVITY*****

Questions about AIDS

Directions: What questions do you have about AIDS? What do you want to find out about AIDS? In the space below, or on newsprint or chalkboard, write down at least five questions you want to know about AIDS. The second column is for the answers when you find them in the "facts" section of this lesson. You do not have to fill in the answers until you have read the "facts" section of this lesson.

Note to Trainers: If you are doing this in the community, some people might be shy to ask questions. If they can write, have them put the questions down on a piece of paper without their name. Then write all the questions on the board. If they can not write, have them whisper their questions to you. Then you write them down so that nobody knows who asked.

Your Questions

Answers to your Questions:

1.

2.

3.

4.

5.

Note: If you have more questions, write them on the back of this page. When you have finished with this activity, turn to the next page and begin to find your answers.

Part A

What is AIDS, and how is it spread?

On the next pages you will read a lot of facts about HIV and AIDS. You should be able to find answers to the questions you wrote in the last activity. You can also use these "facts" to answer questions and concerns that community members or CHWs have about AIDS.

Note: As you read this section, keep your questions in mind. When you find your answers, write them down on the activity sheet that you just finished. You can do this as you read the information or after you finish the lesson.

What is AIDS?

AIDS is a sickness which comes because the person's body no longer has the strength to fight disease.. The immune system is weak. The immune system is a system in our body that defends us against infections and diseases. This immune deficiency is caused by infection with a virus, or a very small germ. AIDS is caused by infection with a type of virus called HIV.

The AIDS virus weakens the immune system by killing the white blood cells which fight off and destroy any germs entering the body. As more and more white blood cells are killed, the body becomes less and less able to fight off many different germs which live around and in our bodies all the time. Finally, people with AIDS die from diseases which their bodies cannot resist. HIV can also attack the brain cells and nervous system directly causing mental and coordination problems.

What happens when a person is infected with the AIDS virus?

A person who is infected with HIV usually does not develop symptoms of infection or AIDS right away. For example, a person may not get sick from HIV for two to ten years after he or she is infected. We do know that once a person is infected with HIV, he or she is infected for life. A person infected with HIV can infect other people at any time during his or her lifetime. The person with HIV does not have to be sick with AIDS to transmit the virus

The following four examples show what can happen.

1. A healthy looking man, who carries the virus in his body, infects his wife.
2. Initially, both man and woman do not show any signs of the disease.
3. After a couple of years, the woman becomes ill.
4. Finally, the woman is very ill, but the man is still looking healthy. Eventually he will also become ill. Ultimately both will die.



Note to Trainers

It is hard for people to think about the differences between HIV infection and AIDS. You might be able to help them by asking if a woman knows, right after intercourse, if she has become pregnant. They cannot tell until she begins to grow or misses her period. She does not even know. Once she is pregnant, though, she is going to have a baby, for sure, even if she does not yet know. When the HIV virus comes into the body, the person will get sick from AIDS but not right away. A woman knows after one month if she is pregnant. A person with HIV, however, may not know he or she has the virus until they are tested or get sick with AIDS, sometimes eight years later.

There are four stages in the life of the person who is infected with HIV. Not all people who get the virus go through all four stages. A lot of time may pass between stages.

Stage 1 The person becomes infected with HIV.

During this stage, infected persons are not sick. They may look and feel healthy. Some people, get a fever, tiredness, and aching muscles for a short time. Many, many people get fevers, tiredness, and aching muscles and only have a cold or a flu and nothing else. A person can have HIV and not know it for a long time. A person can get HIV from someone who looks and feels healthy. Of course this is true of many other serious sexually transmitted diseases. This makes AIDS a very frightening disease. This fear leads some people to want every one tested for HIV so that they can identify those who are infected. Since many people are sure to get AIDS but are still healthy, it is hard for people to believe that AIDS exists and is a problem they need to think about.



Five of the above persons are infected with HIV. Can you tell which ones they are?

Note to Trainers:

Ask this question in training but do not give the answer immediately. The point to make here is that no one knows who is infected with HIV just by looking.

Stage 2 The person develops symptoms related to AIDS.

During this stage, some people with HIV develop symptoms related to AIDS. Symptoms at this stage may include loss of appetite, sores in the mouth, diarrhoea, swollen lymph nodes, skin rashes, fever, and night sweats.

These symptoms are common in many other illnesses and cannot be used by themselves to diagnose AIDS. People who are worried that they might have AIDS should consult a doctor. People should never say that a person has AIDS because he has one of these symptoms. In the first place, AIDS is much like other illnesses. It is very difficult to diagnose and this can only be done by a well-qualified, experienced worker and laboratory tests. Secondly, the person concerned and his family will suffer from anxiety and possibly isolation.

Stage 3 The person develops AIDS.

AIDS is the end result of the HIV infection. The person's immune system becomes so weak that it is no longer able to fight off serious and rare cancers and infections. The diseases vary depending on which viruses, bacteria, fungus and protozoal infections are around. The person becomes very ill with one or more of these diseases and is diagnosed with AIDS. The infected person may still pass the virus to others through sexual contact or blood.

At this stage, once a person is tested positive, it is important for trainers and family members and friends to help him/her deal with the emotional aspect. The person needs good care and love. They need to know that they are not rejected and that all things work together for good for them that love God (Romans 8:28).

Diseases linked with, AIDS mainly include the following:

- tuberculosis
- a variety of stomach and intestine infections that cause diarrhoea and weight loss
- skin diseases
- disorders of the nervous system causing confusion, loss of memory, and damage to the brain

Stage 4 The person dies of one of the diseases linked with AIDS.

A person cannot live without a working immune system. A person may live with AIDS for several years, but nearly everyone with AIDS dies in a few months or a few years.

How is HIV spread?

HIV is the virus which causes AIDS. HIV is found primarily in blood, semen, and vaginal fluids of infected people. HIV is spread when one of these three body fluids from a person with HIV gets into the blood stream of another person. The skin which covers the outside of our body is thick enough to keep out HIV unless there are cuts or sores on it. However, the vagina, penis, and rectum are covered with a much thinner skin called mucous membrane which covers blood vessels. The virus can get more easily into the blood stream at these points.

Sores or breaks on these areas, which one often gets with sexually transmitted diseases, make it easier for the virus to enter.

HIV, the virus that causes AIDS, can enter the body and be absorbed into the blood stream of a person in four ways:

1. through sexual intercourse with an infected person;
2. through blood to blood contact through transfusions, or unsterile instruments or syringes;
3. from an infected mother to her unborn child;
4. on rare occasions through breast milk.

Here are some examples of ways that an infected person can get HIV:

1. through sexual intercourse with an infected person;



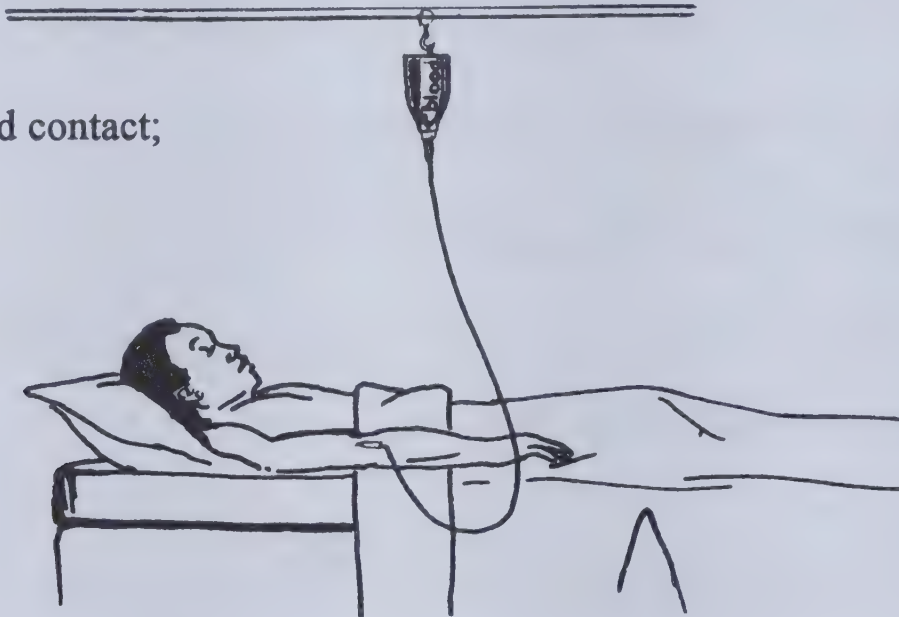
This includes vaginal intercourse and, in societies where it is practised, anal and oral intercourse. We know that a person can become infected with HIV during vaginal or anal intercourse. Oral sex is highly risky, particularly if the man ejaculates into his partner's mouth or if there are sores on the mouth. During intercourse, semen and/or vaginal fluids and sometimes blood comes into contact with the thin lining of the vagina, penis, or rectum. HIV in these fluids can get into the bloodstream. HIV can enter the body through the vagina, the penis, the anus, or through open sores on the genitals or in the mouth.

2. from mother to child;



Before birth or around the time of birth an unborn child can become infected if the mother is infected with HIV. If babies are born with HIV, many die within a year or two. Some children may live much longer, however, even up to eight years. Children born to HIV mothers have a limited risk of HIV transmission through breastfeeding. However, the risk of death through diarrhoea from bottle feeding is still greater. It is recommended that all babies continue to breastfeed.

3. from blood to blood contact;



HIV is spread when a person receives a blood transfusion which has been taken from a person infected with HIV. Many countries are now screening all blood used for transfusions to make sure it does not contain HIV. It is important to prevent unnecessary transfusions and to select people at low risk of HIV infection to donate blood.

Even with screened blood, there is not 100 % security that the blood is HIV negative. There is a period of time between when a person becomes infected and the infection shows up in his blood. During this "window period", the test for HIV may be negative even though the person is infected with HIV. For this reason, it is highly recommended that blood transfusions be limited to life threatening cases only.

4. from blood to blood contact through unsterile needles or surgical equipment;



Infection occurs when a person gets an injection with an unsterile needle at a health clinic or private practice and that needle has been used on a person infected with HIV. HIV also can be spread by instruments such as a speculum, a tenaculum, or other instruments that touch blood, vaginal fluids, or semen. If the instrument is not sterilized before each use, HIV may be on it. The blood, vaginal fluid, or semen from the infected person gets on the instrument. The instrument with the virus is inserted into the body of another person, and the virus is spread to that person.

5. from blood to blood contact through unsterile instruments used in any practices that cut the skin;



A person can become infected with HIV when unsterile instruments such as knives and needles are used to cut the skin if the cutting instrument is not sterilized after each use. Blood from an infected person can then get into the next person who is cut with the instrument. For example, unsterilized instruments used for circumcisions, scarification or tattooing can transmit HIV. Razors or razor blades can also spread HIV from one person to another.

6. from blood to blood contact through sharing a needle or syringe with an infected person.



Infection happens when drug users share needles and syringes with each other and one of the users is infected with the virus. Blood containing HIV is on the used needle. The blood and the HIV is injected into the bloodstream of the next users.

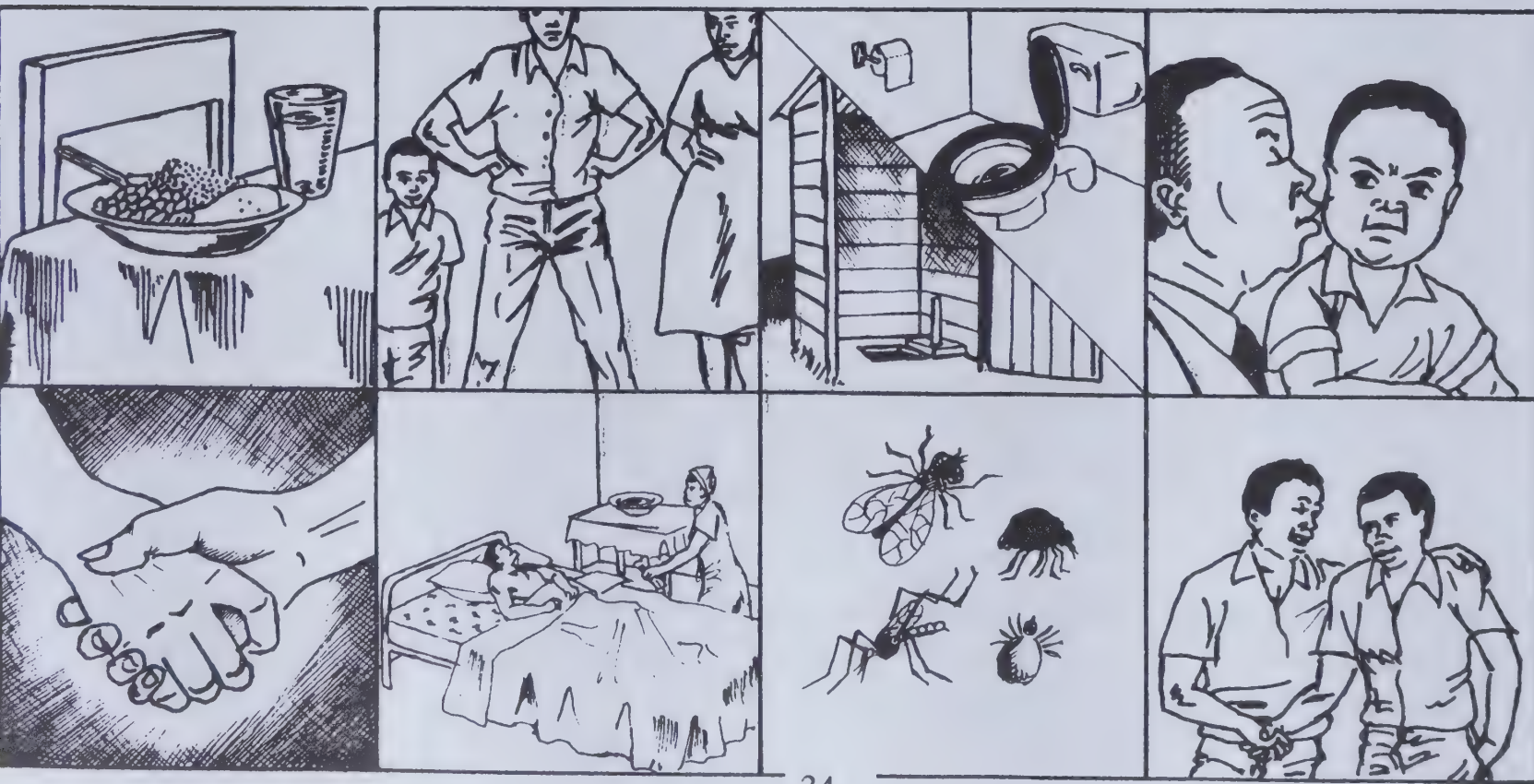
HIV is spread in very specific ways. In each case, there must be a person with HIV and a way for the blood, vaginal fluid or semen of that person to get into the blood stream of another person, either through the mucous membrane or a break in the skin or directly into the blood stream through blood transfusion, a sharp instrument, or from mother to child. There is also a small risk that HIV can be passed from mother to child through breast milk. There are many ways that HIV cannot be spread.

How is HIV not spread?

As you just read, HIV is spread in four ways: during sexual intercourse with an infected person; through infected blood during transfusions; from an infected mother to child during pregnancy or at birth; and by infected blood instruments such as needles. You cannot get HIV from casual or social contact with an infected person.

You cannot get HIV, the virus that causes AIDS, from any of the following:

- touching shared food, cups and plates
- clothing or towels
- toilets
- hugging or kissing
- shaking hands
- living in the same household with an infected person
- insects
- any other casual contact



Many studies have been done involving people who live in the same households as people with AIDS and care for AIDS patients at home. None of these people have contracted AIDS from sharing casual daily life with AIDS patients.

Studies have also been done on the transmission of HIV by insects such as mosquitoes. No case of AIDS has been traced to insect bites. Furthermore, if insects could spread AIDS, many more children and older people would be infected as they are with malaria. This is not the case.

It is important for us to know the many ways that AIDS is not spread so that we can accept people with AIDS and so that we can focus on the few behaviours that do put us at risk of contracting AIDS.

Questions related to Part A:

1. Mention four ways in which AIDS can be transmitted.
2. Who is more dangerous in the community, the healthy feeling carrier or the AIDS patient?

Is AIDS God's punishment for sin?

AIDS is most often spread through sexual intercourse. Often this sexual intercourse happens before marriage. Other times it is adultery. Because of this, it is easy for Christians to point to the person with AIDS and say that he or she is only getting what they deserve -- God's punishment for their sin.

Before you judge the person with AIDS, here are some things for you to think about.

1. Many good people get AIDS.

Some people get AIDS from blood transfusions. Many children get AIDS from their mother before they are born. Many get AIDS through intercourse with their unfaithful husband or wife. You cannot know how someone got AIDS unless they tell you.

2. Many bad people never get AIDS.

Not everyone who sins sexually gets AIDS. Does God reward those who plan their sin carefully and punish those who do not? Jesus reminded us on His sermon on the Mount that we sin even when we want to have intercourse with a person who is not our spouse (Matthew 5:27-30). Lust is sexual sin but does not cause AIDS.

3. God calls us as Christians to show God's love and grace, not to condemn.

The Pharisees once brought to Jesus a woman who had been caught in the act of having intercourse with a man who was not her husband. Everyone agreed she was guilty. Everyone also knew that God's Law said she should be stoned to death. They asked Jesus what they should do. Jesus said that the person who had never sinned should throw the first stone at her. Slowly, everyone walked away until only Jesus was left there with the guilty woman. All of them knew they had sinned. We know that we are as guilty before God as any other sinner.

Jesus could have justly killed her because He had never sinned. Instead of death, however, He gave her the gift of life. He told her that He would not condemn her and told her to stop her sinful life (John 8:1-11).

When we meet a person with AIDS, we must, as Christians, give them the gift of life that God has given to us. We must love and help them. It makes no difference at all how he or she got the disease. The message of the Gospel is that Jesus suffered God's punishment for us because he loved us. He gives us life. We should listen to people with AIDS without

condemning them. We know that we are also sinners. We should show them by our words and actions that God loves them. Finally, we should help them to call on God's power to live a life without sexual sin.

ISSUES FOR CHRISTIAN LEADERS

Is AIDS a curse?

No, AIDS is not a curse.

Nobody gets **AIDS** because of a curse placed upon them by ancestors or by living enemies. It is caused by the HIV virus which is given from one person to another.

But AIDS can seem like a curse.

It is easy to think that AIDS might be a curse. The Christian leaders should know in what ways AIDS is like a curse.

1. **People often get AIDS because they or somebody they love breaks God's rules about sexual relationships.** One person might put a curse on another person if that person does something to offend them. People who sin against their husband or wife by having a sexual relationship with another person, or who have many sexual relationships before they are married are more likely to get AIDS than those who do not. Because AIDS is often got this way, it is easy for people to think that it might be a curse.
2. **One person gives AIDS to another.** A curse is placed upon a person by their enemy. A curse is personal. It comes because somebody has been hurt or made angry or jealous in a relationship to another person. The AIDS virus is also personal; it is given by one person to another. It does not come from insects, animals, water, or air.
3. **People with AIDS often do not know they have been infected until they become ill.** Suppose that before she gets married, Christine, 22 years old, has sexual intercourse with Andrew in 1992, and that Andrew gives her the AIDS virus. When Christine is 26, she marries Charles, and she remains faithful to him after that. In 2002, when she is 32 years old and has three children, Christine finally gets AIDS from the AIDS virus she got from Andrew ten years ago. During all those years, Christine had stayed healthy but had passed the virus to two of her children and to Charles. Soon, the whole family is sick with AIDS.

What will people say caused Christine and her family to become sick? Will they think that it came from Andrew ten years ago? In fact, they may not even know about Andrew. They will think it is a curse and will look for the person or ancestor who did

it. Many people think there is no other reason a young family would all get sick and die when they had been healthy for so long.

The person with AIDS needs emotional and spiritual help, not just physical help.

What happens when a person thinks they are cursed? Often they go to a witch doctor to help them know which person, ancestor, or spirit they have made angry. Sometimes they are told what they need to do to become friends with that person, ancestors, or spirit.

The person with AIDS often has the need to make friends again, and the Christian leader needs to help. Here is what you can do:

1. Help people with AIDS to become friends with their families.

Mothers and fathers, brothers and sisters, husbands and wives, and sons and daughters might be scared of a family member with AIDS. They might also be angry. People with AIDS may have given the virus to their husbands or wives. Family members may be angry because the person is going to die. They will have to pay to support the children and spouse of the person with AIDS.

They may also be angry because they believe the person with AIDS has sinned and brought shame to the family in their community. They might be scared to help because they are afraid of the disease themselves.

As a Christian leader, you must help the person with AIDS to be accepted and helped by the family. You will need to be able to help them not to be afraid. You will have to help the family members accept, forgive, love, and help the person with AIDS.

Finally, if people with AIDS have had a sexual relationship with a person other than their husband or wife, you must help them find the courage to go to that person and tell them that they need to be tested. They also will need to ask that person for forgiveness. Without the love and forgiveness of their families the person with AIDS will die more quickly and painfully.

2. Help the people with AIDS to become friends with themselves.

People with AIDS or the AIDS virus know that they are going to die. They might be mad with themselves and even try to kill themselves. You must help them know that they can still live a long time with AIDS. They need to live to help others and prepare others for their death.

3. **Help people with AIDS to become friends with God.**

People with AIDS need to know that God loves them. In fact, the Bible says that God loved them so much that Jesus suffered the curse of God for them, and died for them so that they can live with God forever.

They need to become friends with God for three reasons. First, they need to feel that God has forgiven them. If God, the most powerful of all the spirits has forgiven them, they do not need to worry about curses from others who have less power.

Secondly, they will need God's strength to help them live until they die. God promises to be with His children through everything, even while they are dying.

Lastly, only God gives them hope. The Bible says that when God's children die they go to live with Him forever in His home and will never grow old or sick again. You can help them know how to be born into God's family (Isaiah 49:15-16, Hebrews 13:5).

Part B

Who is at risk and how can risks be avoided?

HIV is a virus and does not choose which types of people to infect. It is a person's actions that increase his or her risk of getting HIV, not the social group to which he or she belongs.

Here are five actions which put a person at risk of getting HIV:

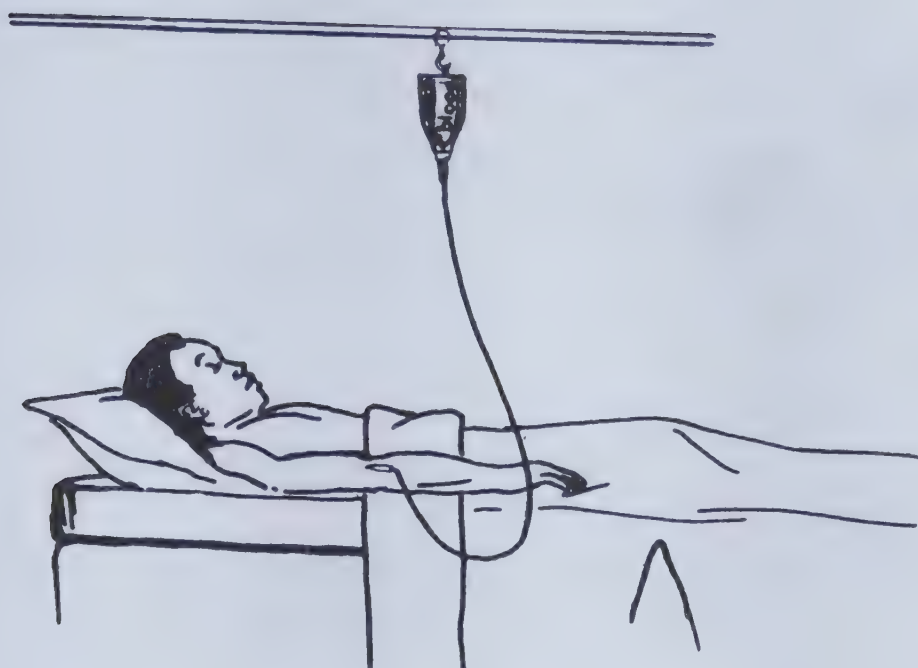


1. being sexually active (1 Thessalonians 4:1-8);

Actions which put a person at greater risk are:

- having sex when you have a sexually transmitted disease with sores on the genitals or a discharge;
- having sex which causes a small tear or bleeding such as sex when the vagina is too dry or tight or inflamed or torn; or having anal intercourse;
- having several sex partners;
- having sex with a person whose sexual practices include any of the above.

Note: Remember that a condom is not an absolute protection of HIV infection, and therefore the users must know they are still at risk.



2. having a blood transfusion when the blood has not been tested for HIV;



3. getting injections from non-sterile needles or having surgery when non-sterile equipment is used;



4. having the skin cut with any instrument that is not sterilized between each person, for example, circumcision, tattooing and taking part in blood mixing rituals;



5. sharing unsterilized needles or syringes when using drugs.

How can AIDS be prevented?

Preventing AIDS means stopping the spread of HIV. At present, there is no vaccine to protect people from getting HIV. There are ways, however, to prevent the spread of HIV. Look again at how HIV is spread and what actions put people at risk. What can be done in each of these situations to prevent a person from becoming infected with the virus? Here are some answers and suggestions.

1. Abstain from sex before marriage.

There is a great temptation for couples to get involved in sex before marriage. Couples must overcome this temptation and wait to be sexually active until they get married.



2. Be faithful in marriage.

In marriage, one must be faithful to his/her spouse. Couples who are faithful do not have to use condoms to prevent the spread of HIV unless one partner may have been exposed to HIV. If a woman is infected with HIV, the couples could use a condom to prevent pregnancy since there is a chance of passing the virus to a child during pregnancy or at childbirth.

3. When one partner is infected, abstain from sexual intercourse or use a condom.



A man should use a condom during every act of intercourse if one of the partners may have been exposed to HIV. This is more likely to be the case if there is a large number of people with HIV infection or AIDS in the community or country, and if people do not stay with the same faithful partner all the time.

The condom may protect both partners. If the man has HIV, the condom keeps the semen from entering his partner's body. If the woman or other male partner has HIV, the condom protects the man, and keeps him from getting the virus.

4. Check all blood transfusions for HIV. Blood transfusions should only be given if the blood is HIV negative.

It is better to reduce the number of blood transfusions by giving oral iron whenever possible and by preventing anaemia, accidents and haemorrhage in childbirth. If HIV testing is not available, try to select a person at low risk of HIV to donate blood.



5. If one of the partners is infected pregnancy must be avoided. There is the possibility of the baby becoming infected. Even if the child does not have HIV, it can be soon orphaned.

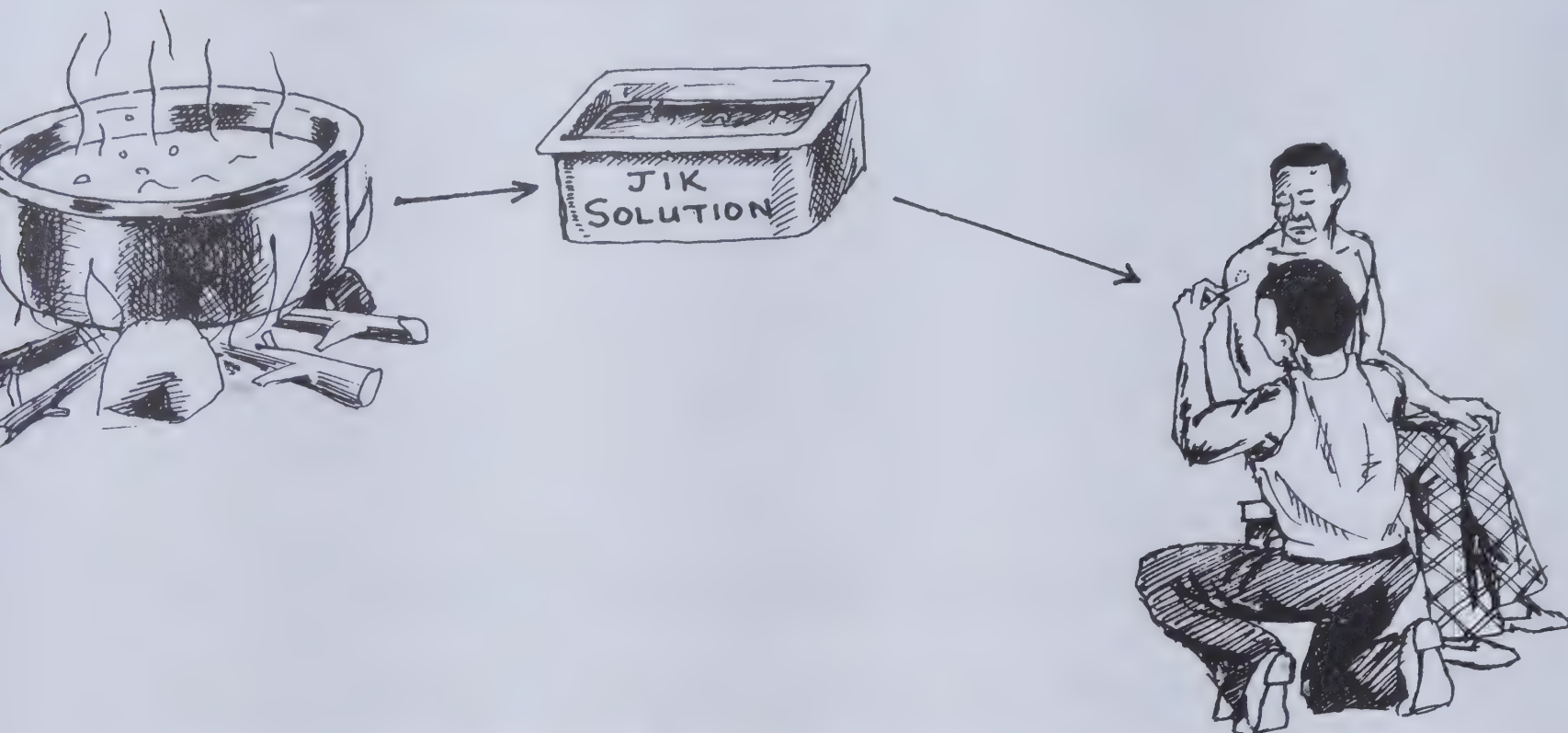


6. Health workers in all health care settings should practice consistent infection control.

Infection control includes sterilizing needles and instruments after each use, careful hand washing, using gloves when touching body fluids such as blood, vaginal secretions, amniotic fluid, etc. This is also important for traditional birth attendants. Distribution of disposable gloves to traditional birth attendants should be considered when possible.



7. Instruments used in any practice which causes bleeding should be sterilized after use on each person. This includes instruments used for circumcision, tattooing, scarification and treatments.



8. HIV drug users should not share needles without sterilizing them between users by boiling or soaking in bleach



Questions related to Part B

1. List three measures to avoid the spread of AIDS infection.
2. Who are at risk for contacting AIDS in your community?

Abstinence and Faithfulness - The Best Options

The Bible teaches that the sexual relationship is an expression of love and mutual commitment between a husband and wife. We are instructed not to have sex before we are married. We are told not to have sex after marriage with anyone but our own spouse. Churches in Africa, and other parts of the world, have told people these things for a long time. But we often do not do it well.

1. Sex is God's idea. He created man and woman to express their love for one another in sexual ways.

According to Genesis, God created Eve to be a companion and partner to Adam. God, in the Song of Solomon, speaks beautifully about the sensual pleasure of the sexual relationship. In the prophets of the Old Testament, the country of Israel is called God's wife. In the New Testament, the church is called Jesus' wife. Marriage is presented as a strong binding relationship of mutually and freely giving to one another.

In Africa, many men and women see wives as breeders of children and as workers in the home. That is not the way that God sees the sexual relationship. He wants sex to be a joyful and pleasurable expression of love and companionship.

Marriage is God's idea. He said that He wants sex only between people who are married to each other because sexual expression is most joyful and pleasurable when it is protected by an exclusive commitment to one another. Faithfulness in marriage is not designed by God to keep us from pleasure but to make the sexual relationship deeply satisfying, fulfilling, and pleasurable.

The Church teaches abstinence and faithfulness because it is the very best, deepest, and most pleasurable expression of our sexuality as men and women. Faithfulness and abstinence build us up as men and women, and show how much we are really worth. Unfaithfulness and promiscuity tear us down and cheapen our sexuality.

2. The Bible teaches faithfulness because it is the best way to build the community.

Marital unfaithfulness tears apart communities and families. Children are left without support and nurture. People hurt and even kill one another because of jealousy and revenge.

3. Mutual faithfulness in marriage and abstinence before marriage are the only ways to totally protect ourselves against AIDS and other sexually transmitted diseases.

Condoms sometimes fail to protect, either because they are faulty, or they are used in the wrong way. *Husbands and wives who have been mutually faithful and unmarried people who have abstained from a sexual relationship will never get the AIDS virus through sexual transmission.*

False Ideas About Abstinence

1. Abstinence from a sexual relationship will not make you crazy. (Some young people claim that they will go mad if they abstain from sexual relationships). It is hard to abstain. When you resist a temptation it appears to grow stronger. It does not make you crazy, however. In fact, people who go from one person to the next are usually unhappier and more mentally disturbed than those who abstain.
2. Some people say abstinence will prevent the conception of children later on when a man and woman are married. Again this is not true. Abstinence before marriage only prevents children before marriage. Sexual relationships which lead to sexually transmitted diseases, however, might make a woman or man sterile. If you want to have children after marriage, it is safer to abstain before marriage.

What should we do about condoms?

This is not an easy question, and there are sincere Christians who answer the question in different ways. Some argue that to tell people to use them shows approval of sin. Others say that if we keep quiet about condoms, we are sinning because we are not protecting people, and we are spreading death.

First, we must know that condoms, when properly used, protect against the spread of AIDS and other sexually transmitted diseases. Secondly, we must know a moral and religious truth. God's plan for the sexual relationship, only with our spouse and never before marriage, is the best and most fulfilling way to live life, and is also the very best protection against all sexually transmitted diseases including AIDS. It should be the Christian's first message and first choice.

We cannot answer this question for you but here are some things to think about.

1. What if one person is infected (or might be) and his or her spouse is not?

If a husband has (or might have AIDS), should a Christian leader encourage him and his wife to use condoms when they have sexual intercourse? We think so. The spouse needs to be protected from possible infection. If she is already infected, it is best not to have a baby who will either become an orphan, get AIDS, or both.

2. What if a person continues to sin sexually and refuses to repent?

This is harder, because the person should repent. A Christian leader must warn them of the possible results of their sin, pray for them, and with other elder Christians, call them to repent. We also feel, however, that if the person still refuses to repent, they should be told to use a condom. Using a condom makes the sin neither better nor worse in God's eyes but it does slow the spread of death and, in the end, will protect both the innocent and the guilty.

3. Should Christians be involved in giving condoms to prostitutes, lorry drivers, and others at a high risk of getting AIDS?

As Christians we have far more to give than just condoms. Jesus was accused of being friends of the kinds of people who now often get AIDS because of their behaviour. We feel we Christians are not sinning if we encourage these people to protect

themselves and others through condoms. If that is all we do, however, we are failing to give the Christian message of hope and deliverance from sin. We also need to have a ministry of compassion and help to assist those who want to change.

4. Should we distribute condoms to school children?

Our first responsibility as Christians in the church is to teach our children the wonderful joy of being men and women and tell them of the sexual relationship within the security and mutual commitment of marriage. The Church should help parents (or grandparents) learn how to teach their children (or grandchildren) about sex and the sexual relationship -- telling them what the Bible says is good about it, and how remaining a virgin until marriage is part of God's best plan. They should be warned that sexual temptation is very strong and learn what they need to do to resist it. They should learn how biblical teachings and the sexual practices of their tribe relate to each other.

We cannot wait too long. Many young people in Africa, both Christian and non-Christian, have their first intercourse soon after puberty.

We feel that if we know a young person is sexually active, and he or she refuses to take the loving reproof of family members and church elders, they should be told about condoms for protection. Again, using a condom does not make the sin better or worse in God's eyes, but might prevent the young person from getting AIDS which might kill them, or another sexually transmitted disease which will make them unable to have children. We should pray that he or she will be convicted of their sin and turn from it, but still try to protect their lives and the lives of others.

We do not feel that advertising condoms and distributing them to unmarried boys and girls is something that churches in Africa will do. It can communicate the following false messages.

1. We expect you to sin sexually.
2. You can sin sexually and safely.

There is no easy answer to the question about condoms. Sometimes we have to make decisions when we do not like any of the answers. One thing is clear, however. We must teach our young people not only the facts about sex and disease, but the joyful message of the Bible that God created the sexual relationship between married people for their deep fulfillment as well as for having children.

ISSUES FOR CHRISTIAN LEADERS

How can I protect my family from AIDS?

In our society we find it difficult to talk about AIDS. However, is there a parent among us who does not fear his child getting AIDS? We have Studied how HIV is spread:

1. by sexual intercourse;
2. by blood, needles and sharp instruments and;
3. from a mother to her baby.

We have also learned how AIDS is NOT spread. These are facts we must teach our families in order to protect them.

How can I teach my young children about AIDS?

Actually, it is best to start teaching children when they are very young. By the age 4 or 5 we can teach them not to touch someone else's blood. This is also the best time to start teaching them to protect their bodies as temples of God. It is much easier to begin teaching Christian attitudes about sex when children are so young. Fathers should help their wives teach their children. The teaching should continue year after year as the children grow. Encourage them to ask questions and be sure to answer them honestly.

How can I teach my teen aged children to avoid AIDS?

It is easier to discuss embarrassing sexual matters with young people if you had already begun teaching them when they were younger. However, if you have not yet begun it is not too late to start now. Their lives depend on what you teach them.

First, be sure that both mother and father agree together to teach them God's plan for sex and marriage as found in the Bible. Some good passages are:

Genesis 2:21 - 24

Exodus 20:14

Proverbs 5,6:20 -35, 7

I Corinthians 6:12- 20

1 Thessalonians 4:3 - 8

Created to enjoy sex within marriage

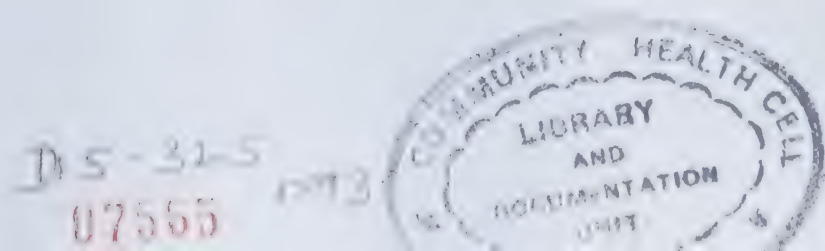
"You shall not commit adultery"

Warnings against prostitutes and adultery

Our bodies as temples of the Holy Spirit

Warning against sexual immorality

Teach them what the Bible says by asking them to read a verse or two and talk about what it means. The family can memorize a key verse together. Encourage them to ask questions and share struggles they face at school. Pray together for each other by name, asking for God's protection against temptation.



Finally, the most effective teaching will be an attitude of deep love between mother and father. Marital unfaithfulness will destroy the best teaching.

You may need to seek help in teaching your family. A Christian teacher or health worker may give you some ideas. If you can invite a person with AIDS into your home to share a meal with your family, everyone will learn more. Ask the person to share problems he faces with AIDS. Grandparents or other older relatives can be excellent teachers. Be sure you agree with their understanding of AIDS and the Bible before you invite them to teach your children.

How can I discuss AIDS prevention with my husband or my wife?

This can be very difficult. One place to start may be by asking your spouse for ideas about how to teach your children. Once you have agreed about teaching them, it will be easier to talk with each other about sexual matters.

A Christian couple can strengthen their relationship by reading the Bible together. Read Ephesians 5:21 - 33 together. Each person should then read again the verses they feel are important. Then they should explain why they like those verses. Promise together to obey God's Word. Then each should pray a short prayer including thoughts from the verses.

You protect your family from AIDS when you learn what the Bible teaches about sex and marriage and then put that into practice. Most of us find it very difficult to obey God in these matters. We will fail unless we experience his power controlling our sexual desires. We can only find this victory in our lives when we turn from our sinful ways and receive Jesus Christ as Saviour and Lord. This truth can save our lives and our families.

Questions to discuss with other Christian parents

1. How can we teach biblical truths about sex to our young children?
2. How can we help adolescents confront the pressure they receive from peers at school to "play sex"?
3. How can married couples decrease temptations to have sexual intercourse with persons they are not married to? What are some ways they can avoid sexual temptation when one spouse lives away from home because of work?
4. How can we involve grandparents and other older family members in teaching our children?

Ideas for Trainers

1. Children role play teaching each other about AIDS.
2. Role play parents teaching their children about preventing AIDS.

How should we treat AIDS patients in our congregation?

Because of the rapid increase in people infected with the AIDS virus we can expect to find some of them in our congregations and churches. People should never be banned from the Church because they have AIDS. Remember that for every person diagnosed with AIDS, there will be many more healthy people walking around in the community and church who are carrying the virus, HIV. Although these people can not be identified since they appear healthy, they too can spread HIV.

Banning a person with AIDS from the Church will not protect Church members from AIDS.

How does AIDS spread?

AIDS is only spread through blood, through sexual intercourse, from a mother to her unborn baby during pregnancy, childbirth, or on rare occasions, through breast milk.. Please review the facts about how AIDS is spread in this chapter.

AIDS is NOT spread through saliva, sharing cups and utensils, eating together, sitting together, coughing or sneezing, hugging, shaking hands or using the same toilet. Please review the facts about how AIDS is NOT spread in this chapter.

Can AIDS be spread by sharing a common communion cup?

No! AIDS is not spread by sharing the communion cup. However, An person who has wounds in his mouth or cracked and bleeding lips should avoid sharing the communion cups until they are well. This will protect them from any infection that may enter through these wounds and will also be safe for others. If your church uses individual cups, of course there is no risk at all.

How can I help my congregation understand AIDS?

Remember teaching the facts about AIDS, how it is spread and how it is NOT spread will help your congregation accept and love those who have AIDS or may carry HIV. Sitting together, praying together, singing together, fellowshiping together and eating together carries absolutely no risk. Only blood and sexual intercourse can spread AIDS.

Do Christians have any responsibility to persons with AIDS?

Christians have a responsibility to love and care for people with AIDS. If we reject them from our congregations, we drive them to harm themselves or others, and we disobey God's command to love our neighbour. We need to welcome them and love them. We can show them God's love so that they can receive full forgiveness and eternal life through Jesus Christ.

"Dear friends, let us love one another, for love comes from God. Everyone who loves has been born of God and knows God." "Whoever does not love does not know God, because God is love. This is how God showed his love among us. He sent his one and only Son into the world that we might live through Him" (1 John 4:7-9).

PART C

Testing and Home Care

Is there a test for AIDS?

A person can have a blood test to see if he or she has been infected with HIV, the virus that causes AIDS. If the person has been infected with HIV, the person's body will produce antibodies to HIV. These antibodies will show up in the blood sample. If antibodies are present, the blood test result is called seropositive.



There are several major problems with HIV testing. Health workers need to be aware of these problems especially when people think that HIV testing may be the answer to the AIDS problem.

Note to Trainers

HIV testing is now available at many national, provincial, district and church hospitals in Africa.

The person's reactions to test results

Many people may not know how to deal with a seropositive test result. They realize they are infected with HIV, and they are scared and do not know what to do. Many people become so depressed that they become ill or commit suicide.

A few others become so angry that they try to infect others. If other people find out that a person is infected with HIV, the person may be rejected or discriminated against. For this reason, it is essential that people who are thinking about taking the test have good counselling before and after the test.

Problems with the test

A person may get a blood test and find that there are no antibodies to HIV in the blood sample. That person may think that he or she is not infected with HIV. But it is still possible that the person is infected with HIV. Here is how that can happen. Antibodies to HIV can appear in two weeks to six months after the person has been exposed to HIV. If the person has a blood test before the antibodies have formed, they will not show up on the blood test.

Testing is not an answer to the AIDS crisis. People who practice risky activities will continue to be at risk whether they are positive or not. The best solution is for everyone to adopt safe practices against HIV infection.

How does one care for a person with AIDS?

People with HIV may be healthy for a long time before they actually become ill with AIDS. During that healthy period, people with HIV can help themselves stay well by protecting their immune systems. This means eating well balanced meals, getting enough rest, and avoiding stress and any infections and diseases which will put further stress on the immune system.

Once a person develops AIDS, he or she can be cared for at home by family who can give attention, love and support. Sometimes, the person will need to go to a health unit for periods when the symptoms are severe. There is no need to isolate a person with AIDS. Family members and friends in the home cannot get HIV from touching or from the casual contact in daily living with a person with AIDS.

The person with AIDS should be protected from getting infections and diseases from other people since it will be harder for him to recover from other viruses and diseases.



Bad Care



Good Care

Precautions to take

If you are caring for a person with AIDS, there are a few precautions you will need to take. If possible, wear gloves when you clean up blood or blood diarrhoea. Ordinary household bleach (1 part bleach to 10 parts water) will kill HIV on floors and on linen. Let the bleach stay on the blood stain for at least 20 or 30 minutes. Wash your hands with soap and water before and after you help the patient with their personal hygiene. Boil blood stained linen or soak it in bleach.

Treating symptoms

At present, there are no drugs which will cure AIDS. You can, however, relieve the symptoms that often accompany AIDS. Relieving these symptoms helps the patient and makes him or her feel more comfortable. The love and support of family and friends can also do a lot to help a person with AIDS feel better and be able to deal with the disease better.

Questions related to Part C

1. How would you relate to your own partner when he/she would be sick with AIDS at home?
2. If you would suspect that you have AIDS, what would you do?

Note: This is nearly the end of Lesson Two. Go back to the questions you wrote in the first activity in this lesson and write the answers to your questions if you have not done so already. Did you find the answers to all of the questions you wrote? This lesson may not have given you all the answers you were looking for. Make a list of any questions that You still need answers to. Write these questions on the "Notes for the Supervisor" page at the end of this lesson.

On the next three pages, there are three stories about people who are infected with HIV. There are five questions after each story. This is a quiz to see how much you already know about AIDS and how much you have learned about AIDS in this lesson. Turn the page when you are ready to begin the activity.

*****ACTIVITY*****

Quiz on HIV and AIDS

Directions: There are three case studies below.
After each story, there are five questions.
Read each story and answer each of the questions
based on what you learned in this lesson about HIV and AIDS. Record your
answers on this sheet.
Do not look back at the "facts" section until you finish the quiz.



Story 1 Moses has lived most of his life in one of the small towns near the big city. He is 65 years old now. Moses lives in a house with his wife. His son and wife and their three children live in the house, too. Three years ago, Moses had a bad fall when he was fixing the roof on the house. He got a large cut on his leg which bled a lot. His son took him to the local hospital where he stayed for three days. While Moses was at the hospital, the doctor gave him a blood transfusion because Moses had lost a lot of blood. Moses got well quickly and was back at work. This year, Moses developed severe diarrhoea and began to lose a lot of weight. Then he got tuberculosis. The doctor says Moses has AIDS. His family does not understand. His son says that Moses has always been strong and healthy, and they know he does not go around with women.

1. How did Moses get AIDS based on the facts in the story?
2. What are the signs that Moses has AIDS?
3. Will Moses' wife get HIV from him?
4. Will his son's family get HIV from Moses?
5. What are the chances that Moses will recover?



Story 2 Rose is 19 years old. She is married to John. They live in a small village and have two children. John goes to a nearby town each day to work. Rose works on a plot of land and grows food for the family. Last year, Rose had a third child. She herself was healthy, but the baby was sick with AIDS when it was born. It died within three months. Rose wants to have more children, but she is afraid they will die too. She wants everyone in her family to get an injection against AIDS.

1. How did the baby get AIDS?
2. Is Rose infected with HIV?
3. Should Rose try to get pregnant again?
4. Will Rose die of AIDS?
5. Should the family get an injection to protect them against AIDS?



Story 3 Zachary is the first son in a family of five.

His parents are very proud of him. He went to

the University and became a lawyer in the big city.

He hasn't married yet but he plans to marry next year.

He is a smart young man and he is good to his parents.

Zachary lives in the big city and loves the night life there.

He goes dancing, and he has many girl friends. He hates condoms and does not use them. A year ago, Zachary began to have swollen glands in his neck and under his arms.

Many nights he has fever and sweats a lot.

He sometimes gets a skin rash. He finally decides to go to the doctor to see what is wrong. The doctor tells him that he may have AIDS. Zachary tells the doctor that he is wealthy and can pay for the cure.

1. Why does the doctor think Zachary might have AIDS? How can he find out for sure'?
2. How did Zachary get infected based on the facts in the story?
3. What cure will the doctor suggest to Zachary?
4. How can Zachary keep from spreading HIV to other people?
5. Should Zachary still consider marriage?
6. Will Zachary die or get better'?

Note: This is the end of the quiz. Turn tile page to read the "Comments on this Activity."
This will help you check your answers.

Comments on the Activity

You read three case studies or stories about people and AIDS. Here are the answers to the questions that came after each of those stories.

Story 1 **The case of Moses, the grandfather**

1. Moses probably got HIV, the virus that causes AIDS, from the blood transfusion that he had in the hospital before they started screening the blood for HIV. The blood used came from a person who was infected with HIV. The virus in the infected blood got into Moses' bloodstream.
2. Severe diarrhoea and tuberculosis are the two symptoms which may indicate that Moses has AIDS. Up to this point, he has been strong and healthy.
3. Moses' wife may have got HIV from Moses if they had sexual intercourse without using a condom anytime after he got the blood transfusion. If Moses' wife is not already infected, she is less likely to get HIV if he uses a condom each time they have intercourse.
4. No, Moses' family will not get HIV from him. HIV is not spread in social ways such as sharing meals, using the same toilet, or living in the same house with a person who has AIDS, nor is it spread by insects.
5. The doctor or health worker can treat the symptoms of Moses' illness such as the diarrhoea. But Moses can never get rid of the virus. He will probably die in a year or two because he will be unable to fight off one of the diseases which comes with AIDS.

Story 2 **The case of Rose, the young married woman**

1. We do not know how Rose got the virus. The baby was infected with HIV either in the mother's womb or during childbirth.
2. Rose may not have AIDS yet, but she is infected with HIV. the virus causes AIDS.
3. Rose should probably be discouraged from trying to get pregnant again. Since she has the virus, any other children she will get, may become infected.

Rose is lucky to have two healthy children. If she had no children, it could be very hard for her to choose not to become pregnant. She should receive counselling and information so she can make her own decision.

4. Rose is infected with HIV, but right now she does not have any of the diseases linked with AIDS. If she takes good care of her health, she may live for many years without developing one of the diseases linked to AIDS.
5. The family cannot get an injection to protect themselves against AIDS because no vaccine exists right now. However, they will not get HIV or AIDS from social contact, so Rose does not need to worry. If Rose's husband is not infected with HIV, condoms may prevent him from becoming infected with the virus. Rose can teach her children how to protect themselves from HIV as they grow up and avoid taking them to practitioners who do not sterilize needles and instruments. Even if Rose's husband is HIV positive, he should always use a condom to protect him from getting more HIV from Rose. By doing this he will also protect Rose from getting AIDS quickly.

Story 3 The case of Zachary, the young lawyer

1. The doctor thinks Zachary may have HIV because he has the symptoms related to AIDS and because of his life style.
2. Based on the facts in the story, Zachary increased his chances of meeting a woman infected with HIV by having many partners and by not protecting himself with condoms during intercourse.
3. The doctor cannot suggest a cure for Zachary.
4. Zachary has HIV. He can spread it to others during sexual intercourse. He can also spread it to others if he gives his blood for transfusions. To protect others, Zachary must use a condom every time he has sexual intercourse. He must never give his blood to be used by others. He should change his life style.
5. Zachary should be advised not to marry or at least he should be honest to his wife-to-be about the fact that he is HIV positive.
6. Zachary will have HIV for the rest of his life. He may not get very sick right away. But if he takes good care of his health he may live with the virus for a number of years. Eventually, the chances are that he will die of AIDS.

Note: Perhaps you missed some of the questions. Or maybe the answers did not make sense to you. If this is true, you may want to review the "facts" section again. If you have other ideas for answers or if you still do not understand a point, make a note to ask your supervisor.

Summary of Lesson Two

This lesson has given you some of the facts about HIV and AIDS. They are some of the important facts but they are not all of the facts. AIDS is a new disease and doctors will find new facts. But AIDS is more than facts. AIDS is all the people who get the disease and all the people who are threatened by the disease. As health educators, you work with people. Before you give your health talks, find out what each person or group wants to know and needs to know about AIDS. Find out their questions and concerns. Then, use the facts you know to respond to them. People are more likely to listen to and remember if the "facts" are answers to their questions.

Note: This is almost the end of Lesson Two. On the next page, write down any questions or ideas that you have for your supervisor based on this lesson.

Notes for the Supervisor

Directions: Write down any notes for your supervisor. These notes can be questions on the lesson that were not answered. Your notes can also be on any problems you had with the lesson. They can also be ideas you have that you want to discuss.

ISSUES FOR CHRISTIAN LEADERS

Do Christians have a responsibility to care for persons with AIDS?

What do you think about this? Many would say, "Yes! Look at the example of Jesus, He touched people with the dangerous disease leprosy and healed them. He showed love and compassion to those who were sinners and rejected by society. Christians ought to follow His example by caring for persons with AIDS."

Others would agree, recalling God's command to, "Love your neighbours as yourself." Think of how you would want to be treated with love if you caught AIDS. We Christians can remember how God loved us in spite of our sin and rebellion against Him. Jesus loved us so much that he died for us! Remembering God's great love for us can motivate us to show His love to persons with AIDS.

How can a Christian be sure he will not catch AIDS through caring for someone with AIDS?

A Christian should not think he can not catch AIDS just because he is a Christian or because God will protect him from HIV. Godly Christian doctors have been infected by HIV through exposure to the blood of patients carrying the virus. Christians must take the same precautions against coming in contact with blood that might be infected or with needles or sharp instruments that might be contaminated. Also by obeying God's laws about sex, a Christian can avoid catching HIV through sexual intercourse.

We know that the AIDS virus is not spread by shaking hands, sharing meals, talking or even hugging a person with AIDS. By taking the usual precautions of avoiding sexual intercourse or touching the person's blood, a Christian or even a non-Christian need not fear catching the AIDS virus by caring for someone with AIDS.

Note to Trainers

You can ask what benefits might come from caring for someone with AIDS.

Possible responses

1. Person will feel loved and happy.
2. You will be a good example to the community.
3. God will be pleased.
4. A non-Christian may be led to trust in Jesus.
5. You will be fulfilling your responsibility to care for a family or community member.

You also might ask if someone can remember any stories Jesus told which teach the importance of showing practical love to someone who is sick or rejected.

Possible responses

1. Story of the good Samaritan in Luke 10
2. Parable of the sheep and goats in Matthew 25:31-46

Here is a story about two women and their concerns about AIDS.

Sarah and Monica are friends. They like to work together so that they can talk about the problems of their lives. Both women are married. Sarah has three children. Monica has four children. Six people in their village have died of AIDS this year. Two of them were babies.



Sarah: I hope AIDS is finished in our village. Enough people have died.

Monica: I wish so, too. But my husband is afraid that he has AIDS. He feels bad all the time, and he has lost a lot of weight.

Sarah: What are you doing about him?

Monica: What is there to do? We'll just have to wait and see what happens.

Sarah: Do you use condoms like the health worker told us to do?

Monica: No, we don't know for sure if he has AIDS. Anyway, my husband won't use condoms. And I want another child soon.

- Sarah:** If you are not sure, why don't you go to see a doctor for examination?
- Monica:** That is a good idea, and I shall talk to my husband and see what he thinks about it.
- Sarah:** I know my husband doesn't have AIDS. He is very healthy.
- Monica:** Have you forgotten what the health worker told us about AIDS and healthy feeling people?
- Sarah:** I don't believe it. I still feel that my husband doesn't have AIDS.
- Monica:** I don't understand how babies get AIDS. I want to do something to protect my children.
- Sarah:** My friend, remember that the health worker told us that the baby can get AIDS during pregnancy if the mother has the disease. About protecting our children, it is an important point, and we shall discuss it with the health worker during the next meeting.

Note: On the next page there are some questions about the story for you to think about and discuss. Turn the page to begin the activity.

*****ACTIVITY*****

Listening to People's Concerns about AIDS

Directions: Following are two questions about the story you just read. Write your answers and comments in the space after each question.

Question 1: What are these two women thinking about AIDS? What are their concerns?
(List at least one concern for each woman).

Sarah:

Monica:

Question 2: What would you tell these two women about AIDS? Base your answers on their concerns and questions.

Note: Turn the page to check your answers.

Comments on the Activity

Here are the main points that should be in your answers. Your answers do not have to be exactly like the ones below, but they should include the main points.

Question 1: Thoughts and concerns about AIDS

Both women are concerned about AIDS. Both women wonder what they can do to protect themselves and their children from getting AIDS. Both women seem to know that AIDS is spread through sexual intercourse but one had forgotten how babies get AIDS.

Sarah hopes that AIDS will leave their village. She wonders if people who think they have AIDS should use condoms. She thinks healthy looking people like her husband cannot have AIDS.

Monica knows some of the symptoms of AIDS, but she still wonders if her husband has AIDS. She does not know how to get him to use condoms. She wants to know how babies get AIDS.

Question 2: Points to include in what you tell these women

1. How AIDS is spread

HIV, the virus which causes AIDS, is spread through sexual intercourse. AIDS can also be spread from another to her unborn child in the womb or during the birth process if the mother has HIV or sometimes through breast milk.

2. Symptoms of AIDS

A person can be infected with HIV and show no symptoms at first. The person may look and feel healthy, but he/she can still affect others.

3. How to prevent AIDS

Condoms may keep a person from getting HIV and condoms may keep a person from spreading HIV. If Monica thinks that her husband has AIDS or HIV, she should persuade him to use condoms. This may keep Monica from becoming infected and becoming pregnant. Using condoms would be more difficult for the couple if they had no children and wanted to have a child.

Note: If you missed any of the main points, review the medical facts about AIDS in Lesson Two.

Following is a short list of general questions and concerns that people frequently express to health workers about AIDS:

What does an AIDS patient look like?

How can you get infected with the virus?

If AIDS is a sexually transmitted disease, how do babies get it?

What is the incubation period of HIV?

How is it possible that a person with HIV has infected others who have died of AIDS, but that person has not got AIDS?

If a person starts losing weight, is this a sign that the person has AIDS or could it be something else?

Is there an immunization against AIDS?

How can one tell if a person has TB, AIDS or malaria since the symptoms can be similar?

How can health workers protect themselves from AIDS'?

What should a person do, and not do, once he or she is diagnosed as having been infected with HIV?

If a woman is infected with the virus, will her baby be normal?

Which of these questions are being asked in your community? What other questions are being asked? How would you answer each of these questions? How can you find out the questions and concerns your community has about AIDS? The next manual, AIDS In Your Community, will help you with this task.

Note: Write down any questions or ideas that you have for your supervisor based on this lesson.

LESSON THREE

Objectives

After finishing this lesson, the learner will be able to:

1. apply some principles of successful counselling in helping people confronting AIDS;
2. counsel AIDS patients and relatives about the need for HIV testing;
3. counsel AIDS patients on how to live positively with their diseases;
4. counsel relatives of AIDS patients about their fears.

Introduction

You now have good knowledge about AIDS and have also explored your own feelings about this frightening disease. Now you can help others by helping them talk about their feelings and by giving them the facts they need in making decisions about AIDS. Bringing facts and feelings together in helping others think about AIDS is called counselling.

When counselling we need much wisdom. It is very helpful to seek wisdom from God in silent personal prayer as we begin counselling. God can help us become good listeners so that we can help others with their feelings and give them the necessary facts at the right time.

Counselling Dialogue

Here is the story of how Monica talked to the health worker about her fears of AIDS. The health worker has welcomed Monica, closed the door and offered her a seat. They have exchanged greetings and the health worker has sought to know how Monica has been since they last met.

Health Worker: You look worried Monica.

Monica: A short pause ----- Very much so.

Health Worker: Is there something you wanted to talk about? Don't worry. Whatever we talk about here is confidential.

Monica begins to cry.

Health Worker: It's alright if you cry. Something must really be troubling you. Can you tell me what it is?

Monica: My husband is afraid he has AIDS. He has had diarrhoea for six weeks and is getting thin.

Health Worker: Are you afraid, too?

Monica: Oh yes! What if it is AIDS? He might die. And I, I might....

SILENCE!

Health Worker: You are having difficulty saying what you are feeling.

SILENCE

Monica: I might have AIDS, too. I'm so worried. If we both get AIDS what will happen to our children? Do you think he has AIDS?

Health Worker: I don't know. We can't tell unless he gets his blood tested for HIV, the AIDS virus. Would he be willing to come for a blood test?

Monica: You wouldn't have to tell him the test is for AIDS would you?

Health Worker: Didn't you say he is already worried he has AIDS?

Monica: Yes.

Health Worker: Then don't you think lie will wonder what the blood test is for? Wouldn't it be better if I gently explain to him the reason for the test?

Monica: Well, OK., but I'm worried for him.

Health Worker: When can you bring him? That's OK. Don't feel rushed.

Monica: Well, maybe he can come tomorrow.

Health Worker: Will yen come with him?

Monica: Yes. I want to support him.

Health Worker: And how about yen?

Monica: You mean I too, need to be tested? Bill I don't even feel sick.

Health Worker: Yes. the AIDS virus does not make you sick right away. A person can carry it for several years without even feeling sick. Does that frighten you?

Monica cries a bit.

Health Worker: There now. It's OK. liven cry. You are frightened aren't you?

Monica: Yes, I am. First, I thought only my husband might have AIDS, and now you tell me I might have the virus. How can I dare tell him lie needs his blood tested? And you say I need to be tested too'?

Health Worker: Well, couldn't you be tested first?

Monica: You mean I could come for a blood test'?

Health Worker: Yes, and would your husband come with you? You could explain why you need your blood tested and you need his support.

Monica: I see. That might encourage him to be tested instead of just staying home worrying.

Health Worker: Yes, and if you both come together we can talk about how you can help each other while we wait for the results.

Monica: Oh, there is too much to think about!

Health Worker: Feel free to come back any time. You can come back alone but if your husband is willing, we can all talk together about the test and other questions about AIDS.

Monica: OK. I'll try tomorrow. Thank you for listening to me. Good bye.

Health Worker: Good bye. I hope you can come tomorrow.

*****ACTIVITY*****

Directions: Following are questions about the story you just read. Write your answers and comments in the space after each question.

Question 1 How does the health worker make Monica feel comfortable and win her confidence?

Question 2. How does the health worker use leading questions to guide Monica in considering the options she and her husband have for HIV testing?

Question 3 How does the health worker help Monica with her fears?

Question 4 List other characteristics of good counselling the health worker shows in this story.

Question 5 How could the health worker have done a better job counselling Monica?

Comments on the Activity

Here are the main points that should be in your answers. Your answers do not have to be exactly like the ones below, but they should include the main points.

Question 1: Making the client comfortable and winning her confidence.

The health worker welcomes Monica, offers her a seat and tells her their talk is confidential. She also acknowledges Monica looks worried. She gives Monica permission to cry and to express her fears.

Question 2: Using leading questions and giving options.

The health worker asks, " Are you afraid, too? " She suggests blood testing for her husband and later introduces the option that Monica can come for testing herself with her husband.

Some of the options

1. She can bring husband for testing.
2. She can come herself for testing asking her husband to come for support.
3. If both come, the health worker can discuss protection.
4. She can come back alone just to talk.

Can you think of other options?

Some other examples of leading questions are:

"And how about you?"

"Does that frighten you?"

"Couldn't you be tested first?"

Question 3: Handling fears.

The health worker recognized and acknowledged Monica's fears. She gave Monica a few facts at a time and let her think about those. She did not give false assurances or tell Monica not to be afraid. She left the door open for Monica to return and talk again.

Question 4: Other characteristics of good counselling.

1. Privacy, the door was closed.
2. The health worker showed she empathized with or understood how Monica was feeling.
3. Monica was permitted to make her own decisions.
4. By pausing, the health worker gave Monica time to think. She allowed silence for some moments.
5. _____

Question 5: How could the health worker have done a better job counselling?

At the bottom of the first page the health worker could have been more sensitive to Monica. She could have taken more time helping Monica see the wisdom of explaining the need for the test and the meaning of the results.

Summary of Lesson Three

This lesson has given you some practice in listening to people who have concerns about AIDS. You had to figure out what the questions were even though the people in the story did not always ask specific questions. As you can see from the story you read, a person's questions and concerns almost always come from a situation that affects him/her personally. As a health trainer, you will need to find ways of getting people to talk with you and share their health concerns. Only then can you give them information about AIDS that will be useful to them in making decisions that will affect their health. Listening to people's concerns, showing you care, understanding their feelings and concerns are all essential elements in counselling. Counselling an HIV positive person may be difficult to start with but the more a health worker or a counsellor practices it, the easier it becomes. Practice makes perfect. Therefore, you are encouraged to begin counselling on HIV.

As you learn more and practice counselling, you will understand that there are basic essential elements that need to be observed for one to be effective in counselling. Here are some of those essential basic elements and forms of counselling for you to think about.

- The counsellor must have the basic factual information on AIDS, or on whatever problem he/she is counselling on.
- One must deal with, and overcome his/her own feelings first.
- One must be a good listener and have a positive attitude towards the client.
- One must treat the client and the family with respect.
- One must be able to understand the meaning behind what the client says as well as being able to speak the client's language.
- One must be patient, show one cares, and does not fear being close to the client or even touching him.
- The counsellor explores the problem with the client who then makes decisions on how to solve his/her own problems.
- False promises should not be given to the client as this erodes the confidence the client has in the counsellor.
- One must maintain the highest level of confidentiality and assure the client of the same.

- Once the counselling services to a client are started, they should be available and continuous.

The aim of counselling is to:

- provide support in times of crisis: "crisis counselling";
- promote change in an individual when change is required and assist the individual to make realistic decisions in times of difficult life situations: "decision making counselling";
- assist individuals to accept the situation and make adaptations to live with the situation or its implications: "coping counselling."

Who needs counselling?

- those anxious of their HIV status,
- those considering to be tested for HIV infection,
- those who have tested positive,
- family members/friends and employers of those infected when consent has been given by the infected person.

What hope can we offer people who may die of AIDS?

Because no cure has yet been found for AIDS, many people feel they have been sentenced to death when they learn their blood test is HIV positive. This is one reason health personnel fear telling a person he is HIV positive. We fear that the person may not be able to cope with his fear of death and may try to commit suicide. However, HIV is NOT a death sentence.

We all have good reasons to fear death. Many fear the pain and struggle of dying. If death seems certain, they may think about taking their own life in a quick, painless way. Others fear the permanent separation from family and friends that death brings. They may fear that a spouse or young children may not be able to survive after they have died. Many fear that they will be forgotten after they die. The expense of final hospital care, and burial costs are like dark Clouds hanging over the dying. People also fear the unknown. In spite of all our medical and scientific knowledge, doctors have not been able to describe what actually happens to a person's spirit after they die.

The Bible does give us good answers about death. It describes death as a dreaded enemy that will one day be conquered forever by Jesus Christ. But it also tells us how to prepare for death. (Hebrews 9:27). Muslims believe this, too. Therefore, many people not only fear death, they also fear God's judgement and hell. Death alone is frightening enough, and the thought of suffering eternally in hell separated from God and loved ones is terrifying. Many people fear death. How can we help them'?

How can we help a person gripped by the fear of dying from AIDS?

First, give the person permission to talk about his fears. Ask him, "What frightens you most about dying?" Then listen carefully to his answers. Listening to a person's fears can bring great comfort. It also helps you understand what advice will be most helpful.

Many answers you may wish to give the person frightened by death may seem inadequate to that person. Listening to them express their fears will be of great comfort. Sit close to the person, and do not be afraid to touch them. Offer to meet regularly with them to let them talk about their fears.

It may be helpful to say, "Everyone of us faces death. In fact, I might die before you. It is important that each of us is prepared to face death."

A person who is HIV positive has the advantage that he can think about death and prepare for it. In fact, being ready to face death frees us from the fear of death so that we can LIVE!

Hope for Living

There are some practical things persons with AIDS can do. They should eat well, exercise, get adequate rest and sleep. If they get sick they should seek medical care quickly as many infections can be cured when treated early. Doing some kind of work is important so that a person can feel productive.

Once a person has been able to discuss his fears about death we can encourage him/her to think how he/she can best contribute to their family and society while they are living. They can find ways of serving others who are suffering.

Some men and women who are HIV positive have helped teach youth about the realities of AIDS and the importance of preventing it. People listen very closely when someone says, "I am HIV positive. I do not want you to get AIDS."

How can we help someone prepare to face death?

Tell the person that God in His great love sent Jesus to die for all our sins on the cross. He has fully paid the penalty for our sin (I Peter 3:18).

By repenting of all our sins and receiving Jesus as our Saviour and Lord, we can have complete forgiveness and become members of God's own family (John 1:12).

We receive ETERNAL LIFE and will not face the final judgement. Jesus said, "I tell you the truth, whoever hears my word and believes Him who sent me has eternal life and will not be condemned; he has crossed over from death to life" (John 5:24).

When a person makes this decision, he can face death without fear. Jesus will never leave him. In fact, with Jesus as his closest friend and companion, he can reach out to help others for the rest of his life. His life can really amount to something!

A person facing death can be encouraged to prepare a simple will stating how he wants his property and possessions to be divided after his death. A counsellor can give assistance with this difficult step. Preparing a will brings peace of mind to one facing death.

ISSUES FOR CHRISTIAN LEADERS

How can I help someone struggling with guilt about AIDS?

Because HIV is a sexually transmitted virus, many people feel very guilty when they are HIV positive or actually have AIDS. Since most of us struggle with sexual temptation, we often assume that a person has been infected with HIV as a result of sexual immorality when in fact he may have got it from blood or a contaminated needle. It is very important that we do not automatically assume that an HIV positive person is sexually immoral.

Guilt can be help if it causes a person to repent and be forgiven. If a person has committed adultery or pre-marital sex, he is guilty of breaking God's laws about sexual behaviour whether or not he becomes HIV positive. His guilt can only be removed by repentance and God's forgiveness.

The person may be guilty because he knows he caught HIV through sexual immorality. He also may feel very guilty at having passed HIV on to his wife. The wife may feel guilty for having infected her husband. Parents may feel very guilty when they learn they have infected their child. After all, HIV is a deadly virus. Guilt is a reasonable response to our sin.

Some may feel guilt for having brought the shame of AIDS on the family. Others may feel guilty at not being able to provide for their family because of the financial burden they have brought on their family with the expense of medical care.

Unresolved guilt can cause many problems. It can cause a person to feel sad and depressed. It can keep a person from sleeping well and cause him to worry very much. It can even cause illnesses such as headache, stomach ulcers and high blood pressure. Guilt needs a special treatment.

What steps can a person take to remove guilt?

Let the person talk freely about why he feels ashamed and guilty. Listen without censoring or condemning him. Don't force him to tell you all about his sin. However, you should encourage him to tell God all that is on his heart.

You can point out the following facts about guilt and sin.

1. Guilt shows us the seriousness of sin. Sin is not merely a human failure or mistake; sin is rebellion against God. God sees our sin as a deadly serious violation of his perfection and holiness.

2. Guilt calls us to admit our sin, to weep in sorrow and to turn completely away from it. This is what the Bible calls "repentance" (Acts 26:20).
3. Guilt helps us understand why Jesus died on the cross. He totally paid the penalty for all sin (Hebrews 9:26, 10:12).
4. Guilt invites us to trust God for complete forgiveness and cleansing from sin (Acts 10:43).
5. Guilt challenges us to receive Jesus Christ as our Saviour and Lord. He will transform our lives by His power so that we don't fall back into sin that made us guilty (Hebrews 10: 10, 14).

At this point ask your friend if he would like to pray, telling God all that is in his heart, asking for forgiveness and inviting Jesus to be his Saviour and Lord.

After receiving forgiveness for sin from God, is there anything else a person needs to do?

Yes, the person who has been struggling with guilt should go individually to those against whom he has sinned. He can tell them how he has sinned against them and ask their forgiveness. This is a very difficult step, You can help by prayer and encouragement.

Seeking forgiveness from others can help to heal broken relationships within the family and community. After relationships have been healed, the person who felt so guilty will experience joy and peace of heart. He can begin to teach and warn his family and community about AIDS.

Ideas for Trainers

1. Prepare a brief drama about someone who is sick from guilt who then repents, confesses his sin and is forgiven by God and his family.
2. Ask some married couples in Your church to play the role of one partner asking for forgiveness and other giving forgiveness. Then ask them to reverse roles and do the role play again.

GLOSSARY

- AIDS:** This word is a shortened form of the words, Acquired Immune Deficiency Syndrome. AIDS is a set of diseases caused by a virus which affects the body's ability to fight disease. The virus which causes AIDS is called HIV. When the body cannot fight off disease, a person can get infections and cancers which he would normally be able to resist.
- HIV:** This is the virus which causes AIDS. The virus is called HIV which stands for Human Immunodeficiency virus. The virus attacks the body's immune system and makes it less able to fight off disease. The virus is carried in the body, and a person with the virus is infectious to other people. The virus is found primarily in blood, semen, and vaginal fluids.
- Antibodies:** When the body is infected with a virus like HIV, it produces proteins in the blood to fight the virus. These proteins are called "antibodies."
- Blood transfusion:** Blood is taken from a healthy person and is given through a drip to another person who has lost blood due to surgery, injury or disease.
- Cancers:** Cancer is any malignant tumour. This means that the tumour or growth has cells which continue to grow and spread, choking out normal body tissue. Cancers can develop in the tissues of organs or support tissues such as the bones.
- Carrier of a disease:** A person who has a virus such as HIV in his body and may infect others. The carrier is not ill but is still infectious.
- Chlamydia:** A sexually transmitted disease caused by a very small bacteria that can not be seen without a microscope. The bacteria attacks the cells in the genital tract.
- Client:** Any person you interact with in the community when conducting your health education activities.
- Condoms:** A soft rubber covering worn over the penis to prevent semen from entering the body during sexual intercourse. Condoms are used to prevent pregnancy and to prevent the spread of sexually transmitted diseases.

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| ELISA Test: | ELISA is a word that stands for enzyme - linked immunoabsorbent assay. It is a blood test that shows if there are antibodies to HIV, the AIDS virus, in a person's blood. |
| Genital sores: | An open wound or ulcer on the genitals. |
| Gonorrhea: | A sexually transmitted disease caused by a very small bacteria that lives in the warm, moist lining of the urethra, vagina, penis or mouth. |
| Hepatitis: | An inflammation of the liver, sometimes caused by a virus. |
| Immune system: | The system in the body which helps the body fight off infectious diseases. |
| Incubation period: | The length of time from when a person is infected with a virus to when that infection makes him ill. |
| Lymph nodes: | The lymph nodes are small glands that are scattered throughout the body in clumps. They contain white blood cells that produce antibodies to help fight off disease and infection. Clumps of lymph nodes are found in the hand, neck, face, armpits, chest, abdomen, pelvic area, groin, and legs. |
| Manual: | A learning package containing lessons. |
| Semen: | The thick, white secretion containing sperm that comes from the penis during sexual intercourse. |
| Seropositive: | This is a blood test result which means that a person has antibodies to HIV. It is evidence that the person is infected with HIV and is infectious to others. |
| Seroconversion: | The process of blood changing from negative (seronegative) to positive (seropositive). This happens when the body makes antibodies against a virus like HIV. |
| Sterile: | Instruments such as needles are sterile when they are free from tiny organisms which cause infection. A person can make instruments sterile and free from HIV by boiling them for 20 minutes. |
| Thrush: | A disease of the mouth and throat caused by fungus. |

Vaginal secretions: Normal discharge or fluid in the vagina.

Western Blot: A blood test that shows if a person has antibodies to HIV, the AIDS virus. This test is difficult to perform and presently is very expensive. Sometimes the Western Blot is used to confirm a seropositive ELISA test.

Note: You are encouraged to come up with your own glossary.

About This Manual

The adaptation of the manuals, Facts and Feelings About AIDS and AIDS In Your Community, was a joint effort by MAP International, Christian Health Association of Kenya, and Institute for Development Training.

MAP International

Founded in 1954 as the Medical Assistance Program, MAP International is a Christian global health organization with a mission to support and promote health, healing and reconciliation ministries of the Church to transform communities. MAP International - East and Southern Africa provides training and materials in health, reconciliation and peacebuilding.

Christian Health Association of Kenya (CHAK)

CHAK is an ecumenical organization, serving members from all the major Protestant denominations in Kenya. CHAK seeks to bridge the gaps between denominations by promoting cooperation and coordination in the sphere of health promotion, disease prevention and medical services.

Institute for Development Training (IDT)

IDT is a Christian, non-profit organization based in North Carolina, U.S.A. IDT's main mission is to improve health care and related development efforts in developing countries by improving the skills and knowledge of health care providers through effective, efficient and relevant training programs within a country or regional context.

